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ABSTRACT

Statements are presented regarding the Rehabilitation Amendments of 1983. Following the text of the amendment are prepared statements and testimony from special educators, state officials, rehabilitation counselors, college students, rehabilitation practitioners, and a physician. Statements address budgetary aspects of the amendments, eligibility changes, accountability, and creation of a separate client assistance program. (CL)

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REHABILITATION AMENDMENTS OF 1983

ED249754

HEARING

BEFORE THE

COMMITTEE ON LABOR AND HUMAN RESOURCES UNITED STATES SENATE

NINETY-EIGHTH CONGRESS

FIRST SESSION

ON

S. 1340

TO REVISE AND EXTEND THE REHABILITATION ACT OF 1973 AND TO EXTEND THE DEVELOPMENTAL DISABILITY ASSISTANCE AND BILL OF RIGHTS ACT, AND FOR OTHER PURPOSES

JUNE 10, 1983, MIDVALE, UTAH

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EC 170866

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REHABILITATION ADMENDMENTS OF 1983

SATURDAY, JUNE 25, 1983

U.S. SENATE,
COMMITTEE ON LABOR AND HUMAN RESOURCES,
Midvale, Utah.

The committee met, pursuant to notice, at 1:15 p.m., in the Jordan Valley School, 7500 South 1000 East, Midvale, Utah, Senator Orrin G. Hatch (chairman of the committee) presiding.

Present: Senator Hatch.

OPENING STATEMENT OF SENATOR HATCH

The CHAIRMAN. We are happy to open our hearing on S. 1340, the reauthorization of the Rehabilitation Act. As a Member of Congress who is keenly interested in reauthorization of the Rehabilitation Act, I am pleased to chair this hearing today.

The Rehabilitation Act has been a Federal categorical program since 1920. During fiscal year 1982, this act provided services to approximately 221,900 handicapped individuals under the basic State grant programs, including 2,581 individuals in our own home State of Utah.

The vocational rehabilitation program has benefited disabled people by increasing their lifetime earnings and has allowed them the opportunity to become taxpaying citizens, thus decreasing their need for other forms of public assistance and institutional care. The Rehabilitation Service Administration has computed that $10.90 has been returned to the economy for every dollar invested by the Federal Government for rehabilitation of our disabled employees.

Disabled people, in the first year after case closure, were expected to pay to Federal, State, and local governments an estimated $211.5 million more in income, payroll, and sales taxes than they would have paid had they not been rehabilitated. Apart from the obvious humaneness of this program, it clearly provides a healthy return on our investment.

As with any other endeavor, a successful program needs to be constantly reevaluated and updated to improve its effectiveness. The vocational rehabilitation program is no exception. For several years now the Subcommittee on the Handicapped, plus major advocacy and other provider groups, have reviewed the current legislation. Their recommendations are now reflected in S. 1340, a bill to extend and revise the Rehabilitation Act of 1973, and I am happy to be the principal sponsor of that bill.

In brief, major changes proposed in S. 1340 include: specifying data collection language in the annual report; establishing stand-

ards for evaluating programs such as independent living and projects with industry; repealing maintenance-of-effort payments; mandating an independent client assistance program in each State; maximizing the use of the technological innovations in meeting the employment training needs of handicapped youth and adults; strengthening the role of the National Council on the Handicapped; improving training programs; changing the focus of special demonstration programs; and increasing authorization levels for the developmental disabilities program.

As chairman of the Senate Labor and Human Resources Committee, I felt that the process of reauthorizing the Vocational Rehabilitation Act was important enough to schedule a full committee meeting here in Utah. As your Senator, I want to hear your recommendations regarding the program's strengths and its weaknesses.

[The text of S. 1340 follows:]

II

Calendar No. 218

98TH CONGRESS
1ST SESSION

S. 1340

To revise and extend the Rehabilitation Act of 1973 and to extend the Developmental Disability Assistance and Bill of Rights Act, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 23 (legislative day, MAY 16), 1983

Mr. HATCH, from the Committee on Labor and Human Resources, reported the following original bill; which was read twice and placed on the calendar

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A BILL

To revise and extend the Rehabilitation Act of 1973 and to extend the Developmental Disability Assistance and Bill of Rights Act, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Rehabilitation Amendments of 1983".

TITLE I—REHABILITATION PROGRAM

DEFINITIONS

SEC. 101. (a) Section 7(7) of the Rehabilitation Act of 1973 (hereafter in this title referred to as "the Act") is

amended by adding at the end thereof the following new paragraph:

"(C) The term 'individual' with respect to a handicapped individual means, for the purposes of title I, any individual who has attained sixteen years of age.".

(b) Section 7(12) of the Act is amended by striking out "Health, Education, and Welfare" and inserting in lieu thereof "Education".

REPORTS

SEC. 102. (a) Section 13 of the Act is amended by adding after the first sentence the following: "The Commissioner shall annually collect information on each client whose case is closed out in the preceding fiscal year and include the information in the report required by this section. The information shall set forth a complete count of such cases in a manner permitting the greatest possible cross-classification of data. The data elements shall include, but not be limited to, age, sex, race, ethnicity, education, type of disability, severity of disability, key rehabilitation process dates, earnings at time of entry into program and at closure, work status, occupation, cost of case services, types of services provided, and reasons for closure. The Commissioner shall take whatever action is necessary to assure that the identity of each client

for which information is supplied under this subsection is confidential.".

(b) The last sentence of section 13 is amended by inserting "also" after "shall".

EVALUATION

SEC. 103. (a) Section 14(a) of the Act is amended by adding after the first sentence the following new sentence: "The Secretary shall establish and use standards for the evaluation required by this subsection. The standards shall, to the extent feasible, for all appropriate programs include standards relating to the increases in employment and earnings taking into account economic factors in the area to be served by the program and the characteristics of the handicapped individuals to be served.".

(b) Section 14 of the Act is amended by redesignating subsection (f) as subsection (g) and by inserting after subsection (e) the following new subsection:

"(f) Not later than September 30, 1984, the Secretary shall evaluate, in accordance with the standards required under section 621(a)(3) and section 711(c) of this Act—

"(1) the effectiveness of the projects with industry program authorized under section 621 of this Act; and

"(2) the effectiveness of, and alternative means of financing for, Independent Living Services and Centers authorized by section 711 of this Act.

The Secretary shall prepare and submit to the Congress interim reports every ninety days in each such year and a final report of the evaluations required by this subsection not later than December 31, 1984.".

PART A—VOCATIONAL REHABILITATION SERVICES

AUTHORIZATION OF APPROPRIATIONS

SEC. 111. (a) Section 100(b)(1) of the Act is amended to read as follows:

"(b)(1) For the purpose of making grants to States under part B of this title to assist them in meeting the costs of vocational rehabilitation services provided in accordance with State plans under section 101, there is authorized to be appropriated $993,900,000 for the fiscal year 1984, $1,047,600,000 for the fiscal year 1985, and $1,103,000,000 for the fiscal year 1986.".

(b) The first sentence of section 100(b)(2) of the Act is amended to read as follows:

"(2) For the purpose of allotments under section 120(a)(1), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1984, 1985, and 1986.".

(c) Section 100(b)(3) of the Act is amended by striking out "the fiscal year ending September 30, 1979, and for each of the three fiscal years thereafter" and inserting in lieu thereof "each of the fiscal years 1984, 1985, and 1986".

ADDITIONAL PAYMENTS REPEALED

SEC. 112. (a)(1) Section 110(b) of the Act is repealed.

(2) Section 110 of the Act is amended by redesignating subsection (c) as subsection (b).

(b) Section 111(a) of the Act is amended—

(1) by striking out "(including any additional payment to it under section 110(b))";

(2) by striking out "(and its additional payment under subsection (b), if any)"; and

(3) by striking out ", and except that the amount otherwise payable to such State for such year under this section shall be reduced by the amount (if any) by which expenditures from non-Federal sources during such year under this title are less than expenditures under the State plan for the fiscal year ending June 30, 1972, under the Vocational Rehabilitation Act".

(c) The repeals and amendments made by this section shall take effect October 1, 1986.

CLIENT ASSISTANCE

SEC. 113. (a) Section 112 of the Act is amended to read as follows:

"CLIENT ASSISTANCE PROGRAM

"SEC. 112. (a) From funds appropriated under subsection (g), the Secretary shall, in accordance with this section, make grants to States to establish and carry out client assist-

ance programs to provide assistance in informing and advising all clients and client applicants of all available benefits under this Act, and, upon request of such clients or client applicants, to assist such clients or applicants in their relationships with projects, programs, and facilities providing services to them under this Act, including assistance in pursuing legal, administrative, or other appropriate remedies to ensure the protection of the rights of such individuals under this Act.

"(b) No State may receive payments from its allotment under this Act in any fiscal year unless the State has in effect not later than September 30, 1985, a client assistance program, which—

"(1) has the authority to pursue legal, administrative, and other appropriate remedies to ensure the protection of rights of handicapped individuals who are receiving treatments, services, or rehabilitation under this Act within the State;

"(2) is not administered by the State Vocational Rehabilitation Agency; and

"(3) is independent of any agency which provides treatment, services, or rehabilitation to handicapped individuals.

"(c) The Governor shall designate a public or private agency to conduct the client assistance program required by

this section and be accountable for the proper use of funds appropriated for its use.

"(d)(1)(A) The Secretary shall allot the sums appropriated for each fiscal year under this section among the States on the basis of relative population of each State, except that no State shall receive less than $50,000.

"(B) The Secretary shall allot $30,000 each to American Samoa, Guam, the Virgin Islands, the Northern Mariana Islands, and the Trust Territory of the Pacific Islands.

"(C) For the purpose of this paragraph, the term 'State' does not include American Samoa, Guam, the Virgin Islands, the Northern Mariana Islands, and the Trust Territory of the Pacific Islands.

"(2) The amount of an allotment to a State for a fiscal year which the Secretary determines will not be required by the State during the period for which it is available for the purpose for which allotted shall be available for reallotment by the Secretary from time to time on such dates he may fix to other States with respect to which such a determination has not been made, in proportion to the original allotments of such States for such fiscal year, but with such proportionate amount for any of such other States being reduced to the extent it exceeds the sum the Secretary estimates such State needs and will be able to use during such period; and the total of such reduction shall be similarly reallotted among the

States whose proportionate amounts were not so reduced. Any such amount so reallotted to a State for a fiscal year shall be deemed to be a part of its allotment for such fiscal year.

"(3)(A) The Secretary shall pay to the Governor from the allotment of the State the amount specified in the application approved under subsection (e).

"(B) For the purpose of this paragraph and subsection (c), the term 'Governor' means the chief executive of the State.

"(e) No grant may be made under this section unless the State submits an application to the Secretary at such time, in such manner, and containing or accompanied by such information as the Secretary deems necessary to meet the requirements of this section.

"(f) The Secretary shall prescribe regulations applicable to the client assistance program which shall include the following requirements:

"(1) No employees of such programs shall, while so employed, serve as staff or consultants of, or receive benefits of any kind directly or indirectly from, any rehabilitation project, program, or facility receiving assistance under this Act in the State.

"(2) Each program shall be afforded reasonable access to policymaking and administrative personnel in

the State and local rehabilitation programs, projects, or facilities.

"(3) Each program shall contain provisions designed to assure that to the maximum extent possible mediation procedures are used prior to resorting to administrative or legal remedies.

"(4) The program shall submit an annual report to the Secretary on the operation of the program during the previous year, including a summary of the work done and the uniform statistical tabulation of all cases handled by such program. A copy of each such report shall be submitted to the appropriate committees of the Congress by the Secretary, together with a summary of such reports and his evaluation of the program, including appropriate recommendations.

"(g) There are authorized to be appropriated $6,000,000 for the fiscal year 1984, $6,300,000 for the fiscal year 1985, and $6,700,000 for the fiscal year 1986.".

(b) The table of contents of the Act is amended by striking out the item relating to "Sec. 112" and inserting in lieu thereof the following:

"Sec. 112. Client assistance program.".

INNOVATION AND EXPANSION

SEC. 114. The first sentence of section 121(a) of the Act is amended by striking out all that follows "rehabilitation

services," and inserting in lieu thereof the following: "including—

"(1) programs to initiate or expand such services to individuals with the most severe handicaps;

"(2) special programs under such State plan to initiate or expand services to classes of handicapped individuals who have unusual or difficult problems in connection with their rehabilitation; and

"(3) programs to maximize the use of technological innovations in meeting the employment training needs of handicapped youth and adults.".

PART B—RESEARCH

AUTHORIZATION OF APPROPRIATIONS

SEC. 121. Section 201(a) of the Act is amended to read as follows: "There are authorized to be appropriated $36,000,000 for the fiscal year 1984, $38,000,000 for the fiscal year 1985, and $40,000,000 for the fiscal year 1986 to carry out the provisions of this title.".

NATIONAL INSTITUTE OF HANDICAPPED RESEARCH

SEC. 122. (a) Section 202(a) of the Act is amended by striking out "health, education, and welfare" both times it appears and inserting in lieu thereof "education" each such time.

(b) Section 202(c) of the Act is amended by adding after the first sentence the following new sentence: "The Director

shall be an individual with substantial experience in rehabilitation and in research administration.".

(c) Section 202 of the Act is amended by adding at the end thereof the following new subsection:

"(j)(1) The Director shall make a grant to an institution of higher education for the establishment of a program of pediatric rehabilitation research at an institution of higher education.

"(2) The Director shall establish, either directly or by way of grant or contract, a Research and Training Center in the Pacific Basin.".

RESEARCH

SEC. 123. (a) Section 204(b)(1) of the Act is amended by adding at the end thereof the following: "Rehabilitation Research and Training Centers shall include both comprehensive centers dealing with multiple disabilities and centers focused on particular disabilities. Grants to Centers need not be automatically terminated at the end of a project period and may be renewed on the basis of a thorough evaluation and peer review including site visits. Training of students preparing to be rehabilitation personnel through centers shall be an important priority. Grants may include faculty support for teaching of rehabilitation-related courses of study for credit and other courses offered by the institutions of higher education affiliated with the Center.".

(b) Section 204(b)(3) of the Act is amended by striking out "pursuant to section 303(b)" and inserting in lieu thereof "pursuant to sections 310 and 311(b)".

(c) Section 204(b) of the Act is amended by inserting after paragraph (12) the following new paragraph:

"(13) Conduct of a rehabilitation research program under which financial assistance is provided in order to (A) test new concepts and innovative ideas, (B) demonstrate research results of high potential benefits, (C) purchase prototype aids and devices for evaluation, (D) develop unique rehabilitation training curricula, and (E) be responsive to special initiatives of the Director. No single payment under this paragraph may exceed $50,000 in any fiscal year and all payments made under this paragraph in any fiscal year may not exceed five per centum of the amount available under section 204 to the National Institute of Handicapped Research in any fiscal year. Regulations and administrative procedures with respect to financial assistance under this paragraph shall, to the maximum extent possible, be expedited.".

PART C—SUPPLEMENTARY SERVICES AND FACILITIES

GRANTS FOR CONSTRUCTION

SEC. 131. Section 301(a) of the Act is amended by striking out "October 1, 1982" in the first sentence and inserting in lieu thereof the following: "October 1, 1986"; and

by striking out "October 1, 1983" and inserting in lieu thereof "October 1, 1987".

VOCATIONAL TRAINING

SEC. 132. (a) Section 302(a) of the Act is amended by striking out "October 1, 1982" and inserting in lieu thereof "October 1, 1986".

(b) Section 302(b) of the Act is amended by adding at the end thereof the following new paragraph:

"(4) No grant under this subsection shall be continued for more than two years unless the project meets standards relating to employment and earnings prescribed by the Commissioner or unless the Commissioner determines that acceptable remedial measures have been taken by the grantee.".

TRAINING

SEC. 133. (a)(1) Section 304(a) of the Act is amended—

(A) by inserting "(A)" after "including";

(B) by inserting after "placement services" a comma and the following: "(B) personnel specifically trained to deliver services to individuals who may benefit from receiving comprehensive services for independent living, personnel specifically trained to deliver services in client assistance programs,"; and

(C) by inserting "(C)" after "and" the last time it appears in such section.

(2) Section 304(a) of the Act is further amended by adding at the end thereof the following new sentence: "In carrying out the provisions of this subsection, the Commissioner shall, in addition to furnishing training in the services provided under this Act to rehabilitation counselors, furnish training to such counselors in the applicability of the provisions of section 504.

(b) Section 304(a) of the Act is further amended by inserting "qualified" before "personnel" each time it appears in such section.

(c) Section 304(b) of the Act is amended by striking out "will be utilized to provide a balanced program of assistance to meet the medical, vocational, and other personnel training needs of both public and private rehabilitation programs and institutions, to include" and inserting in lieu thereof 'shall be targeted to areas of personnel shortage which may include".

(d) Section 304(c) of the Act is amended by adding at the end thereof the following new sentences: "The Commissioner shall prepare and submit to the Congress, simultaneously with the budget submission for the succeeding fiscal year for the Rehabilitation Services Administration, a report setting forth and justifying in detail how the training funds for the fiscal year prior to such submission are allocated by professional discipline and other program areas. The report shall also contain findings on personnel shortages, how funds

proposed for the succeeding fiscal year will be allocated under the President's budget proposal, and how the findings of personnel shortages justify the allocations.".

(e) The first sentence of section 304(d) of the Act is amended to read as follows: "There are authorized to be appropriated to carry out this section, $22,000,000 for the fiscal year 1984, $26,800,000 for the fiscal year 1985, and $28,300,000 for the fiscal year 1986.".

AUTHORIZATION OF APPROPRIATIONS FOR COMPREHENSIVE REHABILITATION CENTERS

SEC. 134. Section 305(g) of the Act is amended by striking out "the fiscal year ending September 30, 1979, and for the three succeeding fiscal years", and inserting in lieu thereof "for each of the fiscal years 1984, 1985, and 1986".

AUTHORIZATION OF APPROPRIATIONS FOR SPECIAL PROJECTS

SEC. 135. Section 310(a) of the Act is amended—

(1) by inserting after "313" the following: "and section 316"; and

(2) by striking out "such sums as may be necessary for each fiscal year ending prior to October 1, 1982" and inserting in lieu thereof "$12,900,000 for fiscal year 1984, $13,600,000 for fiscal year 1985, and $14,300,000 for fiscal year 1986.".

SPECIAL DEMONSTRATION PROGRAMS

SEC. 136. (a)(1) Section 311(a)(1) of the Act is amended by striking out "individuals with spinal cord injuries and".

(2) Section 311(a) of the Act is amended by adding at the end thereof the following new sentence: "The Director of the National Institute of Handicapped Research may make grants to States and to public or nonprofit agencies and organizations to pay part or all of the costs of special projects and demonstrations for spinal cord injuries.".

(b) Section 311(b) of the Act is amended by adding at the end thereof the following new sentence: "The Director of the National Institute of Handicapped Research shall coordinate each grant made under this subsection with the Commissioner.".

(c) Section 311 of the Act is amended by adding at the end thereof the following new subsections:

"(c)(1) The Commissioner may make grants to public and nonprofit agencies and organizations to pay part or all of the costs of special projects and demonstrations including research and evaluation for applying new types or patterns of services for individuals with mental retardation to enter into the labor force.

"(2) Services under this subsection may include—

"(A) jobs-search assistance;

"(B) on-the-job training;

"(C) job development including worksite modification and use of advance-learning technology for skills training;

"(D) dissemination of information on program activities to business and industry; and

"(E) followup services for individuals placed in employment.

"(d)(1) The Commissioner may make grants to public and nonprofit agencies and organizations to pay part or all of the costs of special projects and demonstrations including research and evaluation for handicapped youths to provide job training and prepare them for entry into the labor force. Such projects shall be designed to demonstrate cooperative efforts between local educational agencies, business and industry, vocational rehabilitation programs, and organizations representing labor and organizations responsible for promoting or assisting in local economic development.

"(2) Services under this subsection may include—

"(A) jobs search assistance;

"(B) on-the-job training;

"(C) job development including worksite modification and use of advance-learning technology for skills training;

"(D) dissemination of information on program activities to business and industry; and

"(E) followup services for individuals placed in employment.

"(3) The Commissioner shall assure that projects shall be coordinated with other projects assisted under section 626 of the Education of the Handicapped Act.".

HELEN KELLER NATIONAL CENTER AUTHORIZATION OF APPROPRIATIONS

SEC. 137. (a) Section 313(e) of the Act is amended by striking out "such sums as may be necessary for each fiscal year before October 1, 1982" and inserting in lieu thereof "$3,700,000 for fiscal year 1984, $3,900,000 for fiscal year 1985, and $4,100,000 for fiscal year 1986".

SPECIAL RECREATIONAL PROGRAMS AUTHORIZATION OF APPROPRIATIONS

SEC. 138. Section 316 of the Act is amended by inserting "(a)" after the section designation and by adding at the end thereof the following new subsection:

"(b) There are authorized to be appropriated to carry out this section $2,000,000 for the fiscal year 1984, $2,100,000 for the fiscal year 1985, and $2,200,000 for the fiscal year 1986.".

PART D—NATIONAL COUNCIL

ADMINISTRATIVE AMENDMENT

SEC. 141. Section 400 of the Act is amended by striking out "with the Department of Health, Education, and Wel-

fare" and inserting in lieu thereof "within the executive branch of the Federal Government".

DUTIES

SEC. 142. Section 401 of the Act is amended—

(1) by striking out "Commissioner, the appropriate Assistant Secretary of the Department of Health, Education, and Welfare" in clause (3) and inserting in lieu thereof "President and the Congress";

(2) by striking out "the Secretary, the Commissioner" in clause (5) and inserting in lieu thereof "President and the Congress";

(3) by striking out "and" at the end of clause (5);

(4) by striking out "the Secretary," in clause (6);

(5) by striking out the period at the end of clause (6) and inserting in lieu thereof a semicolon and the word "and"; and

(6) by adding at the end thereof the following:

"(7) provide to the Congress on a continuing basis advice, recommendations, and any additional information which the Council or the Congress deems appropriate.".

STAFF

SEC. 143. (a) Section 403(a) of the Act is amended by striking out "up to seven technical and professional employees" and inserting in lieu thereof "an Executive Director".

(b) Section 403(a) of the Act is further amended by adding at the end thereof the following new sentence: "The Executive Director shall be appointed from among individuals who are experienced in the planning or operation of programs for handicapped individuals.".

(c) Section 403(a) of the Act is further amended by inserting "(1)" after the section designation and by adding at the end thereof the following new subsection:

"(2) The Executive Director is authorized to hire not to exceed seven technical and professional employees to assist the National Council to carry out its duties.".

PART E—ARCHITECTURAL AND TRANSPORTATION BARRIERS COMPLIANCE BOARD

AUTHORIZATION OF APPROPRIATIONS

SEC. 151. Section 502(i) of the Act is amended by striking out "October 1, 1982" and inserting in lieu thereof "October 1, 1984".

PART F—EMPLOYMENT OPPORTUNITIES

AUTHORIZATION OF APPROPRIATIONS FOR COMMUNITY SERVICE EMPLOYMENT PILOT PROGRAMS

SEC. 161. Section 617 of the Act is amended to read as follows:

"AUTHORIZATION OF APPROPRIATIONS

"SEC. 617. There are authorized to be appropriated to carry out the provisions of this part such sums as may be

necessary for each of the fiscal years 1984, 1985, and 1986.".

PROJECTS WITH INDUSTRY

SEC. 162. (a) The matter preceding clause (A) of section 621(a)(1) of the Act is amended by inserting after "employers" a comma and the following: "designated State units".

(b) Section 621(a) of the Act is amended by adding at the end thereof the following new paragraphs:

"(3) The Commissioner shall develop and publish standards to assure satisfactory performance under agreements entered into under this subsection not later than July 1, 1984. No standards may be established under this paragraph unless the standards are approved by the National Council on the Handicapped.

"(4)(A) The Commissioner shall continue to provide financial assistance under each agreement of this section if—

"(i) the parties to that agreement include provisions for agreement which are at least as stringent as the standards established under paragraph (3); and

"(ii) the Commissioner determines that the parties to that agreement have substantially met the performance standards set forth in the agreement.

"(B) The parties to each agreement receiving assistance under this section in the fiscal year in which this paragraph is enacted shall continue to receive assistance until October 1,

1984, unless the Commissioner determines that there is a substantial failure to comply with the agreement.".

EQUITABLE DISTRIBUTION

SEC. 163. Section 621 of the Act is amended by redesignating subsection (c) as subsection (d) and inserting after subsection (b) the following new subsection:

"(c) The Commissioner shall to the extent practicable assure an equitable distribution of payments made under this section among the States.".

AUTHORIZATION OF APPROPRIATIONS

SEC. 164. Section 623 of the Act is amended by striking out "this part for each fiscal year beginning before October 1, 1982" and inserting in lieu thereof "for section 621 $13,000,000 for fiscal year 1984, $14,400,000 for fiscal year 1985, and $15,200,000 for fiscal year 1986; and for section 622, such sums as may be necessary for each of the fiscal years 1984, 1985, and 1986".

PART G—SERVICES FOR INDEPENDENT LIVING

EVALUATION

SEC. 171. Section 711 of the Act is amended by adding at the end thereof the following new paragraphs:

"(e)(1) The Commissioner shall, not later than July 1, 1984, develop and publish standards to review and evaluate the operation of independent living centers receiving assistance under this title and make recommendations for the im-

provement and continuation of each such center and for the support of new independent living centers. No standards may be established under this paragraph unless the standards are approved by the National Council on the Handicapped.

"(2) In the development of the standards required by this subsection the Commissioner shall obtain the recommendations of independent living centers and professionals and associations serving handicapped individuals, particularly associations engaged in rehabilitation research.

"(f) Each independent living center receiving assistance under this title in the fiscal year in which this subsection is enacted shall continue to receive assistance until such time as the final evaluation report required by section 14 has been submitted to the appropriate committees of the House of Representatives and Senate, unless the Commissioner determines that there is a substantial failure to comply with the provisions of the approved application.".

AUTHORIZATION OF APPROPRIATIONS

SEC. 172. (a) Section 731 of the Act the second time it appears is redesignated as section 741.

(b)(1) Section 741(a) of the Act (as so redesignated) is amended to read as follows:

"(a) There are authorized to be appropriated to carry out part A of this title such sums as may be necessary for each of the fiscal years 1984, 1985, and 1986.".

(2) Section 741(b) of the Act (as so redesignated) is amended to read as follows:

"(b) There are authorized to be appropriated to carry out part B of this title $21,000,000 for each of the fiscal years 1984, 1985, and 1986.".

(3) Section 741(c)(1) of the Act (as so redesignated) is amended to read as follows:

"(c)(1) There are authorized to be appropriated to carry out part C of this title such sums as may be necessary for each of the fiscal years 1984, 1985, and 1986.".

TITLE II—DEVELOPMENTAL DISABILITIES

PROTECTION AND ADVOCACY OF INDIVIDUAL RIGHTS

SEC. 201. The first sentence of section 113(b)(2) of the Developmental Disabilities Assistance and Bill of Rights Act (hereafter in this title referred to as "the Act") is amended to read as follows: "There is authorized to be appropriated for allotments under paragraph (1) $8,400,000 for fiscal year 1984.".

UNIVERSITY AFFILIATED FACILITIES

SEC. 202. (a) Section 133 of the Act is amended to read as follows:

"AUTHORIZATION OF APPROPRIATIONS

"SEC. 133. There is authorized to be appropriated to make allotments to carry out this part $7,800,000 for fiscal year 1984.".

GRANTS FOR PLANNING AND THE PROVISION OF SERVICES

SEC. 203. Section 131 of the Act is amended to read as follows:

"AUTHORIZATION OF APPROPRIATIONS

"SEC. 131. There is authorized to be appropriated to carry out the provisions of this part $45,400,000 for fiscal year 1984.".

SPECIAL PROJECTS

SEC. 204. Section 145(f) of the Act is amended to read as follows:

"(f) For the purpose of making grants under subsection (a), there is authorized to be appropriated $2,600,000 for fiscal year 1984.".

The CHAIRMAN. At this time I would like to acknowledge the efforts of my Utah Advisory Committee on the Handicapped for their assistance in organizing this hearing. I would especially like to commend Dr. Marvin Fifield and Neva Cruz for serving as cochairmen on this assignment. Some of you may not know that last February Neva flew to Washington to represent Utah at the Subcommittee on the Handicapped's hearing on vocational rehabilitation. She did a superb job. I am really proud of her, and as her Senator I was proud of her contribution at that time.

It is through the efforts of all of the witnesses and people assembled here today that we will be able to continue to improve the quality of life for over 36 million handicapped citizens of our country. Helping our disabled constituency not only assists them but also provides, it seems to me, an investment in America that dollars, in and of themselves, cannot measure.

At this particular point we will set some ground rules. We are going to call four different panels of witnesses before this committee this day. We will note that each witness' written testimony will be put in the record in its entirety, as though fully delivered. We would like witnesses to summarize if they can. After all, what we are really doing here is building a record for the handicapped in this particular program, and we want to get as many ideas as we can with regard to this program. Therefore, if you can summarize I think it will allow us a little more time for questions.

At this time point we will call our first panel on client assistance to the witness table, over on the other side of the dais here. Mr. John Myers will be the panel chairman. He is director of the Utah protection and advocacy program of Salt Lake City. Lyn Isbell is the vice chairman of the Utah Council for Handicapped and Developmentally Disabled Persons of Salt Lake City. Barbara Saunders is the vice president of the Utah Society for Autistic Children here in Salt Lake City, and Craig Hansen, MSW-CSW, is a rehabilitation counselor here in Salt Lake City.

We are delighted to welcome all of you before our committee here today, and we look forward to taking your testimony at this time. We will begin with you, John.

Mr. MYERS. Thank you, Senator. I don't have any prepared remarks. We will just go right into the first witness, which will be Lyn Isbell, and they will go on. Next will be Barbara Saunders, and then Craig Hansen will finish this particular panel.

The CHAIRMAN. All right. Thank you.

Lyn, we will turn to you.

STATEMENT OF LYN ISBELL, VICE CHAIRMAN, UTAH COUNCIL FOR HANDICAPPED AND DEVELOPMENTALLY DISABLED PERSONS

Ms. ISBELL. My name is Lyn Isbell. I am the vice chairman of the Utah Council for Handicapped and Developmentally Disabled Persons. I am the parent of a 19-year-old son who is mentally retarded. Consequently, for the past 15 years, as a volunteer, I have worked in an effort to improve education and community services for mentally retarded persons.

Today I am present with a statement from the D.D. Council in support of that portion of the renewal legislation for the Rehabilitation Act which refers to client assistance.

I was pleased to observe that the revisions of the Rehabilitation Act provide for a client assistance program which is separate from the administering agency. In fact, the language of the new legislation parallels that in the Federal Developmental Disabilities Act, which the Congress passed in 1975, which provides for a protection and advocacy system separate from the service system.

I quote the language of the proposed Rehabilitation Act which describes client assistance:

> Client assistance programs [are established] to provide assistance in informing and advising all clients and client applicants of all available benefits under this act, and to assist such clients or applicants in their relationships with projects, programs, and facilities providing services to them under this act, including assistance in pursuing legal, administrative, or other appropriate remedies to ensure the protection of the rights of such individuals under this act.

The authority to pursue legal and administrative remedies is critical to any such system. Also, it is imperative that the system not be administered by the State rehabilitation agency and that it be independent of any agency which also provides treatment, services, or rehab to handicapped individuals.

It is no criticism of the rehabilitation agency for me to say this. I come from years and years of experience in a parent advocacy association, the Association for Retarded Citizens. We have found over and over again that when we operate a service, such as a school or a workshop or a group home, we are poor advocates for clients in the program we operate. Even as parents, when it is "our baby," so to speak, that group home, we are not able to be objective when a client is having a problem in it. Therefore, I don't think that is a criticism of the rehab agency as such, but just to say we recognize that we are all human beings and there are some things that are very difficult for human beings to do.

It has also been my experience in education that when I am having a disagreement with a school district, and a mediator who is also an employee of that school district enters the scene, my disagreement is much more likely to end in litigation simply because I do not feel my disagreement has been mediated, if I know the mediator is employed by my opponent.

I also know, just from my own experience, that when any of us go to an attorney and we need legal assistance and we are having a disagreement with a supermarket chain, for example, the very first thing that attorney is obliged to do is to let us know if he or his partners are in the employ of that particular supermarket. I would assume that that is a requirement of the legal profession simply because it is recognized that it is fairly difficult for anybody to serve two masters.

The protection and advocacy system for developmentally disabled persons in Utah is an example of how a good client assistance program could work. Under the impetus of the Utah D.D. Council and the Utah Association for Retarded Citizens, it was established in 1977. As the Legal Center for the Handicapped, it has provided case service to hundreds of disabled people each year and has been

a bulwark of support for parents whose children have been denied educational services.

In the first 6 months of the current fiscal year, the legal center has provided case service to 73 clients and information and referral services to 450 individuals. Also, the center has made 30 presentations throughout the State, giving information on the rights of developmentally disabled persons. Individual cases handled ranged from education to financial entitlements to guardianship to commitment.

I would like to add here my firm personal testimony to the belief that the client assistance portion of the renewal legislation should stand as proposed, and to recommend its passage by the U.S. Congress.

Thank you, Senator.

[The prepared statement of Ms. Isbell follows:]

STATEMENT OF

UTAH COUNCIL FOR HANDICAPPED AND
DEVELOPMENTALLY DISABLED PERSONS

to

THE U.S. SENATE LABOR AND HUMAN RESOURCES COMMITTEE

with respect to

REVISION AND EXTENSION OF THE REHABILITATION ACT OF 1973

June 25, 1983

Submitted by:
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Vice Chairman
1346 Roxbury Road
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Testimony
Hearing of Senate Committee on Labor
and Human Resources
Saturday, June 25, 1983
Jordan Valley School
7501 South 1000 East
Midvale, Utah

My name is Lyn C. Isbell. I am the vice-chairman of the Utah Council for Handicapped and Developmentally Disabled Persons. I am the parent of a nineteen-year-old son who is mentally retarded. Consequently, for the past 15 years, as a volunteer, I have worked unstintingly in an effort to improve education and community services for mentally retarded persons.

Today I am present to speak for the D.D. Council in support of that portion of the renewal legislation for the Rehabilitation Act which refers to client assistance.

I was pleased to observe that the revisions of the Rehabilitation Act provide for a Client Assistance Program which is <u>separate</u> from the administering agency. In fact, the language of the new legislation parallels that in the federal Developmental Disabilities Act, which the Congress passed in 1975, which provides for a protection and advocacy system separate from the service system.

I quote the language of the proposed Rehabilitation Act which describes Client Assistance: "...client assistance programs (are established) to provide assistance in informing and advising all clients and client applicants of all available benefits under this Act, and ... to assist such clients or applicants in their relationships with projects, programs, and facilities providing services to them under this Act, including assistance in pursuing legal, administrative, or other appropriate remedies to ensure the protection of the rights of such individuals under this Act."

The authority to pursue legal and administrative remedies is critical to any such system. Also, it is imperative that the system not be administered by the State Rehabilitation Agency and that it also be independent of any agency which provides treatment, services or rehabilitation to handicapped individuals.

The protection and advocacy system for developmentally disabled persons in Utah is an example of how a good client assistance program could work. Under the impetus of the Utah DD Council and the Utah Association for Retarded Citizens, it was established in 1977. As the Legal Center for the Handicapped, it has provided case service to hundreds of disabled people each year and has been a bulwark of support for parents whose children have been denied educational services.

In the first six months of the current fiscal year, the Legal Center has provided case services to 73 clients and information referral services to 450 individuals. Also, the Center has made 30 presentations through the state, giving information on the rights of developmentally disabled persons.

Individual cases handled ranged from education to financial entitlements to guardianship to commitment.

The Legal Center for the Handicapped is the logical placement of the Client Rehabilitation Client Assistance Program because it does operate under an agency chartered by the State and has an independent governing Board which is not tied to any agency which provides treatment, services or rehabilitation to handicapped individuals.

I add my firm testimony to the belief that the Client Assistance portion of the renewal legislation should stand as proposed and to recommend its passage by the U.S. Congress.

The CHAIRMAN. Well, thank you.

We will turn to you now, Ms. Saunders.

Ms. SAUNDERS. OK.

The CHAIRMAN. Why don't we have the chairman of the panel introduce each of you as you make your remarks to us? I think that would be better.

Mr. MYERS. Certainly, Senator.

Barbara Saunders is a resident of Salt Lake City and the parent of an adolescent autistic child, and one of the real parent advocates of tireless energy here in the State for all handicapped people.

The CHAIRMAN. We surely welcome you here today, Ms. Saunders. We are happy to have you with us.

STATEMENT OF BARBARA C. SAUNDERS, VICE PRESIDENT, UTAH SOCIETY FOR AUTISTIC CHILDREN

Ms. SAUNDERS. Thank you.

Mr. Chairman, I would like to thank you for allowing me the privilege of appearing before you this afternoon to speak in support of the bill to revise and extend the Rehabilitation Act of 1973.

I wish to address my brief remarks to the section of the bill concerned with client assistance. In doing so, I should say that I am the mother of a seriously handicapped adolescent son. It has been necessary over the years for me to be an advocate for my son, for it has been my experience that while Government agencies are usually well intended, they often fail to provide the full range of services needed by the handicapped.

The language in the bill concerning client assistance requires that CAP's be independent of the rehabilitation agencies providing services. The decision to require CAP offices to be independent is very important for several reasons.

First of all, placing responsibility for client assistance outside of the agency providing services will insure that clients receive assistance from individuals whose loyalty is not divided. To leave CAP's within the structure of the agencies is to place CAP workers in an inherent conflict of interest position. The client will inevitably pay a price for this conflict.

Furthermore, the client will never know to whom the CAP workers owes his or her true allegiance. The result will be a marked decrease in the effectiveness of the CAP's. This problem can be eliminated if the language proposed in the bill is enacted.

Second, by requiring CAP's to be independent, the quality of client assistance will go up. The independent CAP worker will be in a much-improved position to assist clients in their efforts to utilize rehabilitation services. Additionally, CAP's which are independent will help the agencies to be more accountable to the public at large.

Third, and from my experience most important, client assistance programs must be independent from the rehabilitation bureaucracy if they are to provide meaningful assistance to clients. My long and at times difficult years of experience with trying to get appropriate special education services for my son from the public schools has taught me well that agencies of government simply do not always act as advocates for their clients.

There are many reasons for this—budget problems, too many clients, people getting lost in the shuffle—but whatever the reasons, the result is always the same: Handicapped people get the short end of the stick. Leaving CAP services within the agency structure perpetuates this problem. Removing them from the grip of the bureaucratic system and insuring their independence will free them to do what Congress intends them to do—help both clients and agencies to work toward the common goal of employment and independence for the handicapped.

I commend the committee for its hard work on this important bill, and I respectfully urge you to endorse the proposed language concerning client assistance programs.

The CHAIRMAN. Well, thank you so much. I appreciated your testimony.

Mr. MYERS. Senator, our third witness on this panel is Craig Hansen, who is an employee of the rehabiliation agency.

STATEMENT OF CRAIG L. HANSEN, MSW-CSW, REHABILITATION COUNSELOR, UTAH DIVISION OF REHABILITATION SERVICES

Mr. HANSEN. Thank you, Senator.

Though work in rehabiliation is not wrought with controversy, nor is the nature of the job necessarily problematic, there remains the need for a client advocate. At times there are problems that develop when you are working with the handicapped client. The client is in need of an advocate, an intermediary, a person who will serve to insure the rights of the handicapped when working with a rehabilitation agency.

The client assistance project over the past 5 years has worked successfully within our agency, within the rehabilitation agency. The vast majority of the requests for intervention have been simple in nature: There have been communication problems between the client and the counselor. The client assistance project being within that agency offered immediate resolution because of the accessibility of the project being within the agency.

The importance of quick resolution is the continuous flow of services. A disruption of service is caused when there is lengthy resolution of problems. This is not only nonproductive for the client but it is also completely against the philosophy of rehabilitation.

It has been said that the advocate, working within the same agency, would not be able to remain unbiased. This has not been the case. In fact, the working relationship that has been developed between the client advocate and the practicing rehabilitation counselor has further served to resolve problems expeditiously and, again, with the nondisruption of services, and this is most important.

The concern of the rehabilitation counselor is not one of winning or losing confrontations with their clients. It is that of a professional who wishes to assure quality services are being rendered to bring about rehabilitation. Thus, the rehabilitation counselor welcomes intervention which can occur expeditiously and is effective for his or her client.

This intervention has occurred with the CAP project within the rehabilitation agency, and most likely would not occur if it was

moved without. This would lead to more lengthy resolution of conflicts. Problems which have been resolved quickly and remained simple in nature could grow into lengthy legal battles and become unproductive for all concerned.

This would place the CAP director in the role of an adversary, inhibiting communication for all concerned. The handicapped client does have the right for legal representation, but to place the client assistance project in the role of a quasi-attorney would only prove to be unproductive.

Let's not forget that the rehabilitation counselor, the client, and the client advocate all share the same goal: rehabilitation. Though this common denominator exists, it remains difficult for a good many clients to work within a system as large as rehabilitation. Becoming knowledgeable of an agency is often the first task in the client-counselor relationship.

To remove the client assistance project from the rehabilitation agency would only add another system for the client to have to cope with. This can be frightening for the client. With the CAP in a familiar terrain, conflicts have been resolved in an environment where the client has developed a sense of knowledge and security.

Further, the need for a client advocate or an intermediary within the rehabilitation agency will remain. That job still will be filled. Thus, what we will create is a duplication of services.

It might be said that the rehabilitation counselor himself or herself is resistant to scrutiny from outside. This also is not the case. The rehabilitation program is scrutinized from as far as our Nation's Capitol to the regional offices, by the State administrators and the district supervisors. Scrutiny is not the issue. The issue, again, is a hope of providing services for the handicapped that are timely and appropriate.

As mentioned, this is the desire of the rehabilitation counselor and of the rehabilitation client. This is also the primary objective of the State rehabilitation agency. With the client assistance project resolving the conflicts for the clients, this has been a reality for both the counselor and the client. If the client assistance project remains within the rehabilitation agency, the goal of providing effective, appropriate, and timely services will continue to be reached for our clients more effectively, as resolution of conflicts will continue to be achieved immediately with a consistent flow of services.

I strongly urge that the client assistance project remain within the rehabilitation agency.

Thank you, Senator.

The CHAIRMAN. Thank you.

I am pleased to announce that the lady you see using sign language is Miss Betty Jones, a certified professional interpreter for the hearing impaired.

Betty, we are grateful to you for your assistance. Come up here on the platform so everyone can more easily see you.

Let me just ask a couple of questions here today, because I have a lot of concerns in this area. I am concerned about the statements that you have given here today.

However, let me ask you this: Have any of you had any personal experience with a client assistance or advocacy program that is in-

dependent and, I might add, what was your impression of its effectiveness? Ms. Saunders?

Ms. SAUNDERS. We have, on several occasions, been involved with the P and A system which, as I understand the wording for the P and A system, it is very similar to the way this one is worded. I would like to tell you how difficult it is as a parent to be an advocate. It is even more difficult, I think, for a person who has the problem themselves to be an advocate for themselves, and I can speak as a parent in saying that.

It is very hard to ask society, to ask a system to provide something that it is not providing already, to find the courage within you to fight for a child. I think it is very difficult unless you have some support from an outside agency or some other professional to sort of buoy you up, tell you it is OK to ask and it is OK to fight for your child, and to go against the system on occasion when you feel it is not right.

The experience we have had with the P and A system is that we know where their alliance is, we know where their heart is: It is with the children they serve and with their parents, their clients. We know that there is no possibility that they have mixed feelings, because they do not work for any other agency other than their clients, and this has given us the opportunity to develop a mutual trust and a mutual respect that couldn't have occurred in any other way. I feel that it is very important.

The CHAIRMAN. Well, thank you.

What are the main advantages, in your estimation—and any of the others can answer as well, as well as you, John—what are the main advantages of an independent client assistance program? Could you tell me what you think are its advantages, and give me honestly what you think its disadvantages or drawbacks are as well?

Ms. ISBELL. Well, my own experience is that it is simply the trust relationship between you and the advocate. As a parent or as a handicapped person, you know, you have some doubts. It is invariably true, for example—I have had most experience with school districts—that school district people tell you that you really don't need a mediator and that you really can just go through their process, and they always say that will be much speedier and more efficient.

However, the fact is that even if you get a problem that looks like a resolution there—if the hearing officer provided by the district, for example, says, "Well, this is how we can work that out"—it doesn't solve the problem because you have no reliance on any other person who happens to be working for you. We would not admit this, if we were discussing legal advice in any other context other than the public. If we were discussing this in the private sector, I don't think you would have the question you have, Senator, because in the private sector you would surely want your attorney not to be working for the person you are having an argument with as well as yourself.

The CHAIRMAN. I see.

Would you care to comment?

Mr. MYERS. Senator, let me first of all compliment the Utah client assistance program that is in operation now. I believe they

do do a good job, and we don't want to take away from their accomplishments or their efforts.

I think that it is perhaps important to point out something about the protection and advocacy system, which the language is similar to the language here, and that is that throughout the country—and certainly here in Utah—the protection and advocacy agencies have tried to take a nonadversarial, nonlitigation approach to problem-solving. It is much better, in our estimation, to get a good rapport and relationship with the rehabilitation people or the educators, be able to sit down around a table with the parents and work out an informal, nonadversarial solution.

I think that is the history of the P and A's, with language as proposed in the bill, and I believe that that would continue to be the practice, to avoid the long, drawn-out court battles in favor of quick resolution.

The CHAIRMAN. Mr. Hansen, you are with the agency. What do you think some of the drawbacks are? Let's get your viewpoint on here, too.

Mr. HANSEN. Well, in my opinion, I believe that if it was moved without, the resolutions would be more lengthy in nature. I also believe that it would lead to legal battles.

Working within the agency—and I have had clients, worked within the client assistance project, Neda has had to act as an intermediary on my caseload—we have reached resolution almost immediately in every single case. Services continued to flow.

Another important issue, as I was listening, rehabilitation, the scope of rehabilitation, goes far beyond just the schools. A good portion of our clients are adults. You know, we are dealing with almost every handicap conceivable. The age range is 16 to 62 or 65. The types of things that we need resolved are usually communication problems. They are simple things in nature. They are not parent complaints because we are dealing with adults; we are working toward moving that person as a productive member of society, a working member.

The CHAIRMAN. What are some of the kinds of problems that client assistance programs currently face? Let me ask you this: How are problems handled to bring about their resolution, and how do in-house CAP's work to handle more difficult cases?

Mr. HANSEN. Well, an example would be, at the time that the client is applying for services there is a process when you are documenting eligibility, and sometimes that takes a little bit of time, maybe 2 weeks, sometimes 30 days. The client will become impatient. They would like the service to happen a little more expeditiously, a little more timely than possible, you know, in the beginning, and don't understand.

Again, the counselor may not have communicated to the client that it is going to take 30 or 40 days before we are able to render services, and then they will complain or they will ask for assistance through the client assistance project. Most every time, 99 percent of the time, Senator, it is just a simple explanation and the problem is resolved and services continue.

The CHAIRMAN. Do you folks feel, having looked at this bill, that the language included in the bill making client assistance programs independent of State vocational agencies is appropriate, and

would you care to add or make any suggestions for additions or revisions with regard to the bill itself?

Ms. ISBELL. No; I support the language the way it is. I wouldn't add anything.

The CHAIRMAN. You would support the language in the bill.

Ms. ISBELL. I think, you know, there is an option in it that says as long as it is outside the agency, it could be set up, it could be in the P and A that exists in that State so it could be in that agency, or it could be a separate one. There are a number of ways for it to be independent, and I like that openness because that gives the States a way to do it that they can adapt to their own experience and the sort of system that they have, so there won't be needless duplication. Therefore, I like it left open but I am fully in support of it the way it is.

Ms. SAUNDERS. I second that, entirely.

The CHAIRMAN. OK. Anybody else care to comment?

[No response.]

The CHAIRMAN. OK. Well, I just want to thank you for coming. I might mention, Ms. Saunders, that I have always been interested in the handicapped but my interest was really heightened when I had a young mother very similar to you who had an autistic child, who really couldn't get any help at all from the school districts back many years ago. This must have been 30 years ago. She came to me and asked me to help her get her child some consideration, and we did, and in the process started a major handicapped organization that really has done a lot of good in the past.

Ms. SAUNDERS. Wonderful.

The CHAIRMAN. Well, I just respect you for being here and testifying here today.

Ms. SAUNDERS. Thank you.

Mr. HANSEN. I would like to thank you, Senator, for your support of rehabilitation over the years. I think it has been marvelous.

The CHAIRMAN. Well, thank you. I really appreciate that, and I do feel deeply about these issues. I have found a lot of help from our Utah people, and you folks have been very helpful here today. Thank you so much.

We will go to our next panel, which is on nonvocational issues in rehabilitation. Our panel chairman will be Sherry Repscher, who is the executive director of the Utah Governor's Committee on Employment of the Handicapped, from Salt Lake City. Dr. James R. Swenson is the chairman of the Division of Physical Medicine and Rehabilitation at the University of Utah Medical Center in Salt Lake City. Debra Mair is the program manager of the Utah Independent Living Center in Salt Lake City, and Dr. Marvin Fifield is the director of the Exceptional Child Center at the Utah State University up in Logan.

We are particularly happy to have all of you here today, and we will look forward to discussing these very important issues with you. Therefore, Sherry, we will turn to you. You are the chairman, and you can introduce our witnesses here today.

Ms. REPSCHER. Thank you.

The CHAIRMAN. I might just add that sitting to my left—your right—in the audience is Chris Lord, who is one of the best staffers on the Hill is these areas. She handles all of the handicapped pro-

grams for me on the Labor and Human Resources Committee, and is really chief counsel on the handicapped programs. She just does a great job. She is a graduate of the Utah State University, and we are really proud of what she does.

By the way, her husband also works for the Department of Labor, so we cover two very tough areas just in this one family. I am amazed that she and her husband look as tranquil as they do. [Laughter.]

The CHAIRMAN. Sherry, we will turn to you.

Ms. REPSCHER. Thank you. I could just add how we appreciate Chris here in Salt Lake as well.

It is a pleasure to be the panel moderator for this section dealing with nonvocational issues in the Rehabilitation Act. Our first speaker this afternoon will be Dr. James Swenson, who is the chairman of the physical medicine and rehabilitation unit at the University of Utah Medical Center. His remarks will deal with research and training.

The CHAIRMAN. Dr. Swenson?

STATEMENT OF JAMES R. SWENSON, M.D., CHAIRMAN, DIVISION OF PHYSICAL MEDICINE AND REHABILITATION, UNIVERSITY OF UTAH MEDICAL CENTER AT SALT LAKE CITY

Dr. SWENSON. Senator Hatch, it is a real honor and privilege for me to testify before your committee today.

As mentioned, I am a physician who takes care of handicapped people, and I have a lot of colleagues around the country who do the same. We are all very proud of the efforts that you have made in behalf of the handicapped. I think your legislative record is one of dedication and courage for the handicapped, and it makes me proud when I meet with others around the country and your name comes up.

The CHAIRMAN. Well, thank you.

Dr. SWENSON. This testimony of mine is on the implications of the proposed language for the revised Rehabilitation Act of 1973 and, as mentioned, I will confine my remarks to research and training. Generally speaking, I think this is a very positive document.

It extends and improves the basic legislative authority for these programs. Rehabilitation research programs in this country are not located in the National Institutes of Medicine but instead are within this act. They support medical rehabilitation, rehabilitation engineering, vocational and job placement research, and research relating to specific disabilities. Many creative things have been accomplished by this act in the past, and I now treat my patients differently and in a better fashion because of many of the things that have come from these funds.

I think this proposed legislation strengthens rehabilitation research in five ways: First, it gives stronger selection criteria for the Director of the National Institute of Handicapped Research, and this will assure us that an experienced researcher will be making the basic decisions.

Second, I think it provides improvements in research management. It gives us greater flexibility. It gives us the opportunity for

continuity of those rehabilitation centers of expertise that are very productive.

Third, it transfers the spinal cord research projects to the National Institute of Handicapped Research, and we feel that that is a very positive support.

Fourth, it provides some research discretionary funds that the director can use to help assist new research programs. I think that the provision in this act to limit those funds to 5 percent of the amount available is worthy, but I find the $50,000 single payment limit on page 9, line 14, to be restrictive, and I think that that restriction probably should be removed.

Then, fifth, it increases the financial support for rehabilitation over the next 3 years. In the past rehabilitation research support has been very small in relation to other medical research activities. The actual amount of money that we have in 1983, when factored for inflation, is less than we had in 1969. The current level of funding of the National Institute of Handicapped Research is $30 million.

A number of very good research projects were not funded this year because the funding level was small. Only 22 percent of the applications submitted to the agency this year were funded, and many applications which scored at levels that would have allowed funding under the National Institutes of Health were not funded by the National Institute of Handicapped Research because of the lack of money.

This proposal provides funding at the level of $36 million in 1984, and represents a 20-percent increase over the current program. This will do a great deal to assist research to achieve levels which are more adequate.

Unfortunately, I think a little more ought to be done if possible. My national organizations, the American Academy of Physical Medicine and the American Congress of Rehabilitative Medicine, feel that we could use easily $40 million in 1984. Senator, I know how small the money is and how large the task is. I would say that the $36 million proposed is reasonable, but low, and if at all possible I would urge your committee to consider a higher figure.

I would also suggest that the legal ceilings that we place for research should not be included in the basic legislation. It is difficult to project over a 3-year period of time what research needs will be. If a research breakthrough occurs, Congress has difficulty in responding with increased money, if in fact in their judgment increased money would help. I would say that instead we should use the term, "such sums as Congress deems appropriate," and this would then allow the Appropriations Committee to make the appropriate responses.

The programs in rehabilitation training are increased and are very healthy. We are pleased with the assistance that rehabilitation medicine has had in the training programs over the years. There is still a great shortage of physicians trained in rehabilitation. We have nine currently in our own State and surrounding catchment area, and we could easily use an additional 17.

There is one provision of the act that I find upsetting, and that is the legal mandate for the establishment of a research and training center in the Pacific Basin. I think all other research and training

centers are competitive and are subject to peer review. This means that a committee of experts looks at them and decides which are the best and which should be chosen. This ensures that Federal money is then spent effectively.

In my opinion, it is unfair to other researchers and contrary to public interest to designate in the law the location of one of these research centers. I think they should be based only on the basis of expertise, and that the way the Pacific basin should get their research and training center is by fair competition with others. The narrowness of their geographic area, I think, prevents real competition.

Currently, for example, we do not have a research training center in Utah, Idaho, Wyoming, Montana, Nevada, New Mexico, or Oregon. In the West, only California, Colorado, and Washington have been able to successfully compete, and I think this bill should have fair competition.

In summary, Senator, I think these provisions provide changes which are constructive and beneficial, except for those things that I have noted. The Rehabilitation Act has generally provided for important services throughout the country and here in Utah. I am thankful, Senator, that you have chaired this committee and provided such important legislation for us.

[The prepared statement of Dr. Swenson follows:]

T E S T I M O N Y

Presented to:

The Senate Committee on Labor and Human Resources

Senator Orrin Hatch, Chairman

The Revision and Extension of the
Rehabilitation Act of 1973

Rehabilitation Amendment of 1983

Respectfully Submitted by:

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Hearing Held in Salt Lake City, Utah
June 25, 1983

June 25, 1983

This testimony is on the implications of the proposed language in Senate Report 98, revising and extending the Rehabilitation Act of 1973 and particularly regarding the research and training programs. I am going to discuss the research and training program aspects of the bill because those are the areas with which I am most familiar.

Generally speaking, Senate Report 98 is a very positive document which extends and improves the basic legislative authority for programs which are in the Rehabilitation Act of 1973 and in the Developmental Disability Act.

Rehabilitation research programs in this country support research in medical rehabilitation techniques, rehabilitation engineering, vocational and job placement research, and research related to special disability areas, such as mental retardation, blindness, and deafness. Many creative things have been produced by rehabilitation research including major new methods of providing services to those with spinal cord injury and engineering methods of improving the function of those with neurological and other deficits.

Congress has established rehabilitation research programs in this Rehabilitation Act and not in the National Institutes of Medicine.

This proposed legislation further strengthens rehabilitation research in five ways:

1. It requires stronger selection criteria for the Director of the National Institute of Handicapped Research.
2. It provides important improvements in research management, such as providing greater flexibility and continuity in providing research support of research centers and encourages more training in research and training centers.

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3. It transfers the spinal cord research projects from the Rehabilitation Services Administration to the National Institute of Handicapped Research.

4. It provides some discretionary research funds the Director can use to support and assist new research programs at small programs and centers. I think the provision to limit these funds to 5% of the amount available under Section 204 is wise but I find the $50,000 single payment limit on Page 9, Line 14, to be restrictive. I think the single payment limit is best left to the judgment of the research institute Director.

5. It provides for increasing financial support for rehabilitation research over the next three years.

Rehabilitation research support has been very small relative to other research support provided by the Federal government. In fact, the actual amount of money provided for research in the rehabilitation field is less now in 1983 than it was in 1969 and 1970. When one includes an inflation factor for the years since 1969 and 1970, the program then is funded at levels which are well below the 1969 and 1970 levels.

The current level of funding at the National Institute of Handicapped Research is only $30,000,000. A number of very good projects were not funded this year because the funding level was too small. In fact, only about 22% of all applications submitted to the Agency this year were funded and many applications which were scored at levels which would have enabled those applications to be funded at the National Institutes of Health, could not be funded because of lack of money at the National Institute of Handicapped Research.

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This proposal provides for funding of research at $36,000,000 in fiscal year '84 and this represents a 20% increase over the current program. That increase will do a great deal to assist research to reach levels which are more adequate.

Unfortunately, however, I feel the research support should be more. Both the American Academy of Physical Medicine and Rehabilitation and the American Congress of Rehabilitation Medicine feel that $40,000,000 could be used to support vital rehabilitation research in fiscal year 1984. I would say that the proposed $36,000,000 budget is reasonable but low and I would urge you to consider the higher figure.

I would also like to suggest that legal ceilings for research should not be included in the basic legislation. It is difficult to project the amount of money needed in research over a three year period. If a new research breakthrough occurs, Congress has difficulty responding to an increased need if legal ceilings are included. Instead, I would propose the phrase, "such sums as Congress deems appropriate". This language is used in the basic legislation of eleven of the thirteen National Institutes of Health (except cancer and heart). This allows the Appropriation Committee to annually consider any drastic changes in research needs and/or priorities.

Another important program to which I would like to direct myself is the rehabilitation training program. This program is authorized in Title III of the Rehabilitation Act and has been in existence for approximately 20 years. The program supports the training of professionals in such fields as Rehabilitation Medicine, Rehabilitation Nursing, Physical Therapy, Occupational Therapy, Speech Pathology, Counseling, and Psychology. Despite increases in the levels of funding for services in the rehabilitation field

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and despite evidence of shortages of professionals in the rehabilitation discipline, support for the rehabilitation training program has decreased in the past five or six years to a level of only $19,000,000. Rehabilitation Medicine which had formally received approximately $5,000,000 a year to support undergraduate medical training and residency training, now receives slightly less than $2,000,000. Yet the evidence is dramatic that there is a shortage of physicians trained to deal with handicapped people. The Graduate Medical Education Advisory Committee recently issued a report which identified the medical specialties which were in shortage as well as those which have or would have an over-supply of physicians. Of all medical specialties, only five were identified as having shortages now and for the year 1990. One of those five is Physical Medicine and Rehabilitation. At most, there are approximately 2,000 practitioners from all disciplines in the Rehabilitation Medicine field and the various studies on the issue indicate a need for between 3,000 and 5,000 specialists in this field.

I can personally attest to the need for greater training of undergraduate medical students and of residents to deal with the problems of providing rehabilitation medical services in the State of Utah. We currently have nine physicians trained in Rehabilitation Medicine in Utah and four in our catchment area serving a population of two million. We currently need an additional 17 physician specialists in our catchment area using the projected need of 15 specialists per one million population.

This bill would provide for $25,000,000 of funding in fiscal year 1984 representing an increase of approximately 30%. This will help the program to be funded at necessary levels. In addition, this bill has a number of important changes which will help the program. The definition of the term

"handicapped individual" is changed so that those being trained may include people providing independent living services. Major changes are made requiring the administration to identify the various areas of shortage of personnel when the budget is proposed and identifying how the training budget will allocate resources consistent with those shortages. I support all of these changes.

There is one provision of this Act which is very upsetting and that is the legal mandate for the establishment of a research and training center in the Pacific Basin (See Page 8, Lines 18-20).

All other research and training centers are competitive and subject to peer review. Peer review means that the research experts in this field evlauate and rank each submitted proposal. Only the best are chosen. This ensures that federal money is spent in the most effective and productive manner possible.

In my opinion, it is unfair to all other researchers and contrary to public interest to designate in the law the location of one of these research centers. They should be picked on the basis of research expertise, not geography. I think the only way a research and training center should be established in the Pacific Basin is if a research proposal from that area is judged superior when subject to competitive review with proposals from other areas. The narrowness of the geographic area specified prevents competition.

Currently, we do not have a medical Rehabilitation Research and Training Center in Utah, Idaho, Wyoming, Montana, Nevada, New Mexico or Oregon. Only California, Colorado, and Washington have been able to successfully compete. I think this bill must ensure fair competition.

In summary, the provisions of these proposed changes which generally extend the rehabilitation services program and the independent living program and other authorities in the Act are all constructive. The Rehabilitation Act has generally provided for important services throughout the country and here in Utah. I am very thankful that Senator Hatch has chaired this Senate committee and produced such important legislation for our handicapped citizens as this proposed revision and extension of the Rehabilitation Act of 1973.

Respectfully yours,

James R. Swenson, M.D.
June 25, 1983

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The CHAIRMAN. I appreciate your testimony. As we have been listening to you, I have been chatting with my staff here. You know, we really ought to work towards getting a center here. We have a great University of Utah Medical Center and, I mean, it is pretty tough to beat. I am working right now to get an energy medical center up there, and frankly there is no reason why we shouldn't be the leaders in rehabilitation in this country.

Therefore, maybe we will have to put some effort in over the next few years. It takes a little while to do that but we will just see what can be done.

Dr. SWENSON. I think we are ready to work with you.

The CHAIRMAN. Well, we are going to need some help from you because, you know, we are setting some very great standards out here. I am not just talking about the artificial heart. I am talking about so many things that are going on at the University of Utah right now. It would be wonderful—and I commend you for the great work you have done in this area—it would be wonderful if we could make this an emphasized area with regard to handicapped people. Let's just see what we can do. You never know, you just never know what can be done.

Thank you, doctor. We are delighted to have you here today.

Sorry, Sherry.

Ms. REPSCHER. That is fine. It is your meeting.

I would like to introduce next Ms. Debra Mair, program manager of the Utah Independent Living Center in Salt Lake City. I might add that she was selected as first runner-up this last weekend as Miss Wheelchair Utah. Debbie will address her remarks to independent living.

STATEMENT OF DEBRA A. MAIR, PROGRAM MANAGER, UTAH INDEPENDENT LIVING CENTER

Ms. MAIR. Hi, Senator Hatch. I am honored to be here. Thank you.

The CHAIRMAN. We are honored to have you here.

Ms. MAIR. As Sherry mentioned, I would like to speak about the acts that deal specifically with independent living. First of all, I would like to mention that I am extremely pleased to see the requirement for approval by the National Council on the Handicapped on the standards the Commissioner shall use to review and evaluate the operation of independent living centers receiving assistance under this title.

Continuing on in the same subsection, it was gratifying to note that it says, "In the development of the standards required by this subsection, the Commissioner shall obtain the recommendations of independent living centers and professionals and associations engaged in rehabilitation research." I would also like to suggest that knowledgeable consumers be included among the groups to make recommendations in this area.

Another cautionary note I would like to add would be that recommendations from consumer-run organizations be given as much weight as those from professional organizations. In addition, when talking about any review board, particularly the National Council on the Handicapped, which would have the authority to approve or

disapprove standards to evaluate independent living centers, I would like to suggest that it be composed equally of disabled and professional persons.

In section 717, amending section 711 of the act, subsection (f), it states that independent living centers "receiving assistance under this title in the fiscal year in which this subsection is enacted shall continue to receive assistance until such time as the final evaluation report required by section 14 has been submitted to the appropriate committees of the House of Representatives and the Senate, . . ."

What I would like to suggest would be that continuation of funding last until the full House and Senate has acted on the evaluation report, rather than just to the time that the evaluation report is submitted. I do this in order to caution against the final decision being weighed down by the legislative process, and the subsequent detrimental effects that this may have on independent living centers that are currently operating, while they are just waiting around to find out what is going to happen so that they can act on the review.

In summary, I would like to mention that grants, by their nature, are either seed or developmental moneys. Once this funding has run out, then independent living centers by necessity have to go look for funding from other sources.

One of the major ways that funding has been located in the past has been through a fee-for-service which, because of the type of clientele we have, at least at our independent living center here in Utah—many of our clients are on fixed incomes, either receiving SSI or SSDI, and they are willing to get back in the system and back out on their own and working but they are still needing some assistance to do that, and that is why they are visiting us—they don't have a lot of money to pay large fees to come and partake of the services we have available. Therefore, going along with the fact that they are on fixed incomes, a fee-for-service would need to be assessed on a sliding fee scale which could be used with the clientele that we have.

The other possible means of funding would be contacting the private sector and trying to get donations that way rather than from the Federal Government. This could work, probably very effectively, but the problem in this area is that so many other organizations are in the very same sort of predicament that we are. They are out there petitioning the private sector for funding so that their programs can continue, and they probably have worthy programs as well.

Therefore, what I would like to suggest is at least continuation of partial funding for independent living centers through the Federal Government that would go along with funding from private sources as well as from the State government. Section B of title 7 provides for developmental moneys through which independent living centers are initially funded, and it would be nice to have a provision for independent living found under section C, which provides for continuation funding.

In closing, I would like to express my gratitude and appreciation regarding the assured continuation of independent living centers. I

feel they are valuable organizations, bridging the gaps that are left by other organizations currently serving the disabled.

Thank you.

The CHAIRMAN. Thank you, Debbie.

Ms. REPSCHER. The concluding panelist will be Dr. Marvin Fifield, who is the director for the exceptional child center at Utah State University in Logan. Dr. Fifield's remarks will be directed towards the question, Are we overextending the Rehabilitation Act?

STATEMENT OF MARVIN FIFIELD, DR., DIRECTOR, EXCEPTIONAL CHILD CENTER, UTAH STATE UNIVERSITY

Dr. FIFIELD. Senator, it is an honor for me to be able to testify on behalf of the needs of the handicapped. I want to direct my remarks really to two issues: First is the proposed language of the 1983 amendments, and since several other witnesses will discuss this I want to make just very brief remarks in that area; and then, as Sherry has indicated, the broader issue: Are we expecting too much from the Rehabilitation Act?

I think the language of the 1983 amendments suggests a very honest effort to strengthen and better focus rehabilitation services. This is even more apparent when we consider this language in conjunction with the proposed language for Public Law 94-142. The language for these two acts really tries to build a bridge together to bring these agencies much closer.

The major issue that I would like to address is the one: Are we expecting too much from the Rehabilitation Act? In our society we have invested very heavily in services for handicapped children and youth. Many billions of dollars goes into this. Substantial Federal support is provided through Crippled Children Services, through Maternal and Child Health, through the Institute of Child Health and Development, through Special Education, and through the Administration on Youth, Children, and Families.

Now although this concentration of resources on services to children can certainly be justified from the standpoint of prevention, the real benefits that are gained through early detection and intervention are realized when the handicapped person reaches adult life. In our zeal to provide services to handicapped children, we are suggesting the promise that disabilities can be cured or alleviated and thus there will be no need for services later in life. For most severely handicapped individuals, this is not true. Furthermore, handicapped people are adults much longer than they are children. To meet basic human needs, some sustained effort must be continued through the life of a severely handicapped individual.

Now at the present time we have three major programs to serve adults. One is the Rehabilitation Act. We also have the medical benefits through medicare and medicaid, and we have income maintenance through social security. Often eligibility for financial maintenance and health care requires placement in an institution.

The services that we provide adults with handicaps implies the philosophy that if we cannot cure a handicap by the time the individual is adult to the point that they can succeed in the labor market—and the Rehab Act says to what degree they must succeed in the labor market—then we are encouraged to place them in in-

stitutions and provide minimal income maintenance. This philosophy is inappropriate both from a humane and from a cost effectiveness standpoint.

The rehabilitation Federal-State partnership, I feel, has been a uniquely successful Government program. However, programs that work are just like people that work—they tend to get overused. Everyone wants to be sure that a successful program serves their specific interests.

Over the past three decades the Rehabilitation Act has been expanded significantly. Priorities currently focus on recipients of public assistance and handicapped public offenders. The 1983 amendments still emphasize service to severely handicapped people, those with the most severe handicaps. A severe handicap is further defined, very broadly.

Although priorities have been added to the act, the eligibility requirement has not been changed substantially. Thus, since rehabilitation services for many severely handicapped individuals cannot be, and I quote, "reasonably expected to make the person fit for gainful employment," a severely handicapped person is included as a priority by definition and then excluded by the criteria.

Furthermore, the Rehabilitation Act seems to be used as a vehicle to address a number of other social needs such as poverty, youth corrections, deinstitutionalization, and civil rights. Although each of these additions to the act is certainly justifiable and is rational, such provisions often blur the primary focus. Thus, we have reason really to fear that the Rehabilitation Act will turn out like social security has—bogged down, overcommitted, and underfunded—to the extent that it could become quite unfunctional.

Senator, what we have is a Rehabilitation Act that looks something like a Christmas tree to which we have attached many needed and important peripheral packages. I fear the packages themselves are bending the limbs of the tree to the point that it will weaken the trunk.

Now we have other Christmas trees, one that is called social security and another that is called health care financing. One of the major packages attached to the limbs of these trees is special services to the handicapped.

Additional legislation which more clearly focuses on nonvocational rehabilitation for handicapped people is needed. Such legislation should combine some of the existing components of the Rehabilitation Act, the Health Care and Social Security Acts, but I feel such legislation should focus on independent living at a lower public cost. Such legislation should provide much more appropriate service and, at the same time, provide an opportunity for our Vocational Rehabilitation Act to more adequately focus on vocational issues.

In summary, I want to commend the committee for its efforts in approving rehabilitation legislation, but I do want to point out that it is somewhat fragmented. It possibly is overused. There are a variety of issues that are very, very important in the act, so important that they need special legislation, and I urge in the future that the committee increase its efforts towards these initiatives and legislation that will more appropriately meet the needs of adults with handicaps.

[The prepared statement of Dr. Fifield follows:]

T E S T I M O N Y

Presented to:

The Senate Committee on Labor and Human Resources

Senator Orrin Hatch, Chairman

Concerning:

The Revision and Extension of the
Rehabilitation Act of 1973

Rehabilitation Amendments of 1983

Respectfully Submitted by:

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June 25, 1983

Nonvocational Rehabilitation Services

Dr. Marvin Fifield

June 25, 1983

Chairman Hatch, senators, colleagues and friends, it is an honor to be asked to testify on behalf of the needs for handicapped individuals and the proposed 1983 amendments to the Rehabilitation Act. I would like to direct my remarks to two issues: (1) the language proposed for the 1983 amendments to the Rehabilitation Act, and (2) a broader issue, addressing the question, "Are we expecting too much from the Rehabilitation Act?"

The language of the proposed 1983 amendments suggests an honest effort to strengthen and better focus rehabilitation services. This is even more apparent if one considers the proposed rehabilitation amendments along with the proposed language for Public Law 94-142. The language of these two bills reflect an effort to bridge some of the gaps between services provided handicapped individuals in our public schools and the need for continued service when the handicapped individual has aged out of public education. I wish to compliment the efforts to integrate these services and overcome the fragmentation which is inherent when different agencies with different criteria for eligibility try to serve different needs.

The amendments requiring increased accountability, program evaluation, and more meaningful reporting mechanisms should provide better data upon which to make future decisions. The amendments which call for innovative expansion, research, training, and special demonstration projects, reflect efforts to address some of the obstacles encountered in vocationally rehabilitating handicapped individuals.

As a society, we have invested very heavily in service programs for handicapped children and youth. Substantial federal support is provided through Crippled Children Services, Maternal and Child Health, National Institute for Child Health and Development, Special Education, and the Administration on Children, Youth, and Families. Although this concentration of resources on services to children can be justified from the standpoint of prevention, the benefits to be gained through early detection and intervention are realized primarily when the handicapped person reaches adult life. Our zeal to provide services to handicapped children suggests the promise that disabilities can be cured or alleviated, and thus there will be no need for services in later life. For most severely handicapped individuals, this is not true. Furthermore, handicapped people are adults much longer than they are children. To meet basic human needs, some sustained effort must be continued throughout the life of the severely handicapped individual.

At the present time, the major programs designed to serve adults with handicaps include the Rehabilitation Act which focuses on vocational rehabilitation, medical benefits through Medicare and Medicaid, and income maintenance through Social Security. Often eligibility for financial maintenance and health care requires placement in an institution.

The services we currently provide adults with handicaps imply a philosophy that if we "can't cure" a handicap by the time the individual is an adult to the point that they can succeed in the labor market, they are not worthy of other considerations. As such, we encourage their placement in institutions and provide minimal income maintenance. This philosophy is inappropriate both from a humane and a cost-effective standpoint.

The rehabilitation federal/state partnership has been an uniquely successful government program. However, programs that work, as with people

who work, tend to get overused. Everyone wants to be sure that a successful program serves their specific interest. Over the past three decades, the Rehabilitation Act has been significantly expanded. Priorities currently focus on recipients of public assistance and handicapped public offenders (GAO/HRD-82-95). The 1973 amendments emphasize priority for serving persons with the most severe handicaps. A severe handicap is defined as "a disability which requires multiple services over an extended period of time." The amendment then lists 16 types of disabilities with provisions for other disabilities specified by the secretary in regulations.

Although priorities have been added to the act, the eligibility criteria for clients has remained essentially the same. Thus, since rehabilitative services for many severely handicapped individuals cannot be "reasonably expected to make the person fit for gainful employment", the severely handicapped are included as a priority by definition and then excluded by criteria (GAO/HRD-82-95).

Furthermore, the Rehabilitation Act has been used as a vehicle to address a number of other social needs, including poverty, corrections, deinstitutionalization, and civil rights. Although each addition to the act may be rational and justifiable, such provisions tend to blur the primary focus. Thus, we have reason to fear that the Rehabilitation Act, like Social Security, could become bogged down, overcommitted, and under-funded to the extent that it is nonfunctional.

What we have in the Rehabilitation Act looks something like a Christmas tree on which we have attached many needed and important but peripheral packages. I fear the packages attached to the limbs are bending and weakening the trunk.

There are other Christmas trees called Social Security and Health Care Financing. One of the packages attached to the limbs of these trees are special services for the handicapped.

Additional legislation that more clearly focuses on nonvocational rehabilitation for adult handicapped people is needed. Such legislation should combine the existing components of the Rehabilitation Act, Health Care, and Social Security, but the focus of such legislation should be on independent living at lower public costs. Such legislation should provide better and more appropriate services, and at the same time, permit better utilization of existing resources and efforts in obtaining vocational rehabilitation for handicapped people.

In summary, I would like to commend the committee for its efforts in improving existing rehabilitation legislation, but to point out that it is fragmented and possibly overused and addresses a variety of issues which in themselves are so important that they need special legislation. I urge then that in the future, the committee increase its efforts towards new initiatives and legislation which will have the effect of more appropriately addressing the nonvocational rehabilitation needs of the adult with a handicap.

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Copeland, W. C. Medical rehabilitation of the severely disabled. Copeland Associates, 1005 West Franklin Avenue, Minneapolis, Minnesota, April 18, 1983.

The CHAIRMAN. Thank you, Marv. We appreciate your testimony here today, as we do all of you.

Debbie, let me start with you and let me just ask you one question: What do you feel would be an appropriate level of funding for Federal, State, and private funding sources to provide for independent living centers? Do you have any ideas on that?

Ms. MAIR. Yes, I do. I spoke to various individuals at our center and asked for their input as well, an input of what they have heard in some of the conferences with other independent living centers. I guess kind of the consensus was possibly a spend-down program, where the Federal Government came in and initially was spending like 100 percent of the initial funding on the program, and maybe in the next year or so 80 percent, and in the next year 60 percent, just kind of a spend-down program with private and State moneys kicking in what is left over and possibly getting to what I guess would be the ideal situation: The Federal Government would spend one-third, State government would spend one-third, and the private sector would also donate one-third. That may be a little bit too idealistic, but that may be the ideal.

The CHAIRMAN. Those are good suggestions.

Dr. Swenson, how has research supported by the National Institute of Handicapped Research helped you to care for your patients here in Salt Lake City?

Dr. SWENSON. The spinal cord injured centers, Senator, there are 13 across the country and combined they have as many spinal cord patients each year as it would take me 10 to 15 years to see. By pooling their data and jointly studying different problems, we can get an answer in 2 or 3 years that used to take us 10 to 15 years. There are a number of ways that I manage paralyzed bladders, paralyzed limbs, and fusing broken necks now that are different because of those centers.

The CHAIRMAN. I see. You mentioned to us today projects that were unfunded because the moneys weren't there. Could you give us some examples of some of these unfunded projects, research projects, that could be accomplished if additional funding was available?

Dr. SWENSON. In just the area of spinal cord injury, Senator, a lot of the initial research is done on the initial care of a very sick person. Some of the more important research that needs to be done now has to do with integrating spinal cord injured patients more successfully into the community.

Twenty years ago spinal cord injured patients were apt to die because of infection of one kind or another. Today the greatest risk the first 10 years out is suicide, and so we still, as a society, don't treat and accept the spinal cord injured patient the way we should. That is the research that needs to be done.

The CHAIRMAN. Dr. Fifield, you indicated there were certain aspects of the Rehabilitation Act that you think are so important that they should be segregated out into special bills. Could you give us some of those illustrations and help us to know what you think there?

Dr. FIFIELD. I guess I am not so sure what provisions we would want to take out. Certain provisions that are across a number of bills right now should be considered together: the health care fi-

nancing, the social security parts of services to the handicapped, as well as rehabilitation, are now considered separately budgetarily and authorization-wise. Sometimes these work against each other.

Issues such as eligibility, issues such as definition, incentives, and so forth, are different and sometimes they work against each other. My plea is that they start working together, and be so considered. I believe it has been pointed out that there are 16 major pieces of legislation that affect the handicapped, and these are never considered by the same committees in the House or in the Senate. Some of these things, integration I think is very significant.

The CHAIRMAN. I think sometimes we in the Congress get so caught up in our own jurisdictions that we fail to do what is really right in those areas. That is a very good point.

You mentioned that the focus of new legislation should be on independent living at a reduced public expense. Now how do you feel that this could be accomplished?

Dr. FIFIELD. There are a lot of proposals out on how that might be accomplished. I think two of them are very important. I think that your bill on the Community-Home Health Service Act is one technique of really accomplishing independent living, providing the rudimentary health services in the home. I think that some home incentive legislation would also be very important, where parents and people in independent living centers would be encouraged to keep handicapped people in the home rather than institutionalize them. I think these are two major pieces of legislation that really need a great deal of effort behind them.

The CHAIRMAN. We caused quite a stir this week when we added our bill to the employment bill, and of course we have had so much difficulty with a couple of the other committees back there that we decided to at least bypass them through our own jurisdiction. We hope we can get that through on the floor. I think it would do a lot of good, and I think in the end you are right: It will save money for the taxpayers, although it is very difficult for me to convince some of my colleagues back there of that.

Well, this has been an interesting panel. I really appreciate all of you coming. Debbie, I appreciate the extra effort you have made here today. I think this testimony is very helpful to us on this particular, very important act. We appreciate all of you being here. We appreciate the kind remarks you have given us today.

Our third panel will deal with provisions for agency accountability. Neva Cruz will be the panel chairman. She is project director of the client assistance program at the Utah Department of Rehabilitation here in Salt Lake City. Warren Thompson is the director of the Division of Services for the Visually Handicapped, Utah State Department of Education here in Salt Lake; and O. Kent Berg is the district supervisor of the Utah Department of Rehabilitation Services in Salt Lake City.

Therefore, Neva, we will turn to you. You can introduce our panel and move it on from there. OK?

Ms. CRUZ. All right.

First we will hear from Warren Thompson. He is the acting director of the Division of Services for the Visually Handicapped in the State Department of Education here in Salt Lake.

STATEMENT OF WARREN THOMPSON, ACTING DIRECTOR, UTAH STATE OFFICE OF EDUCATION, DIVISION OF SERVICES FOR THE VISUALLY HANDICAPPED

Mr. THOMPSON. Thank you.

Senator Hatch, I enjoyed your opening comments very much because you referred to the fact that the rehabilitation program is one of the oldest and most time-proven and most improved upon social programs we have, I certainly agree. I have been working in the program for over 36 years, in all aspects of it. It is a pleasure to talk with someone like you who has been so instrumental in preserving it as a program. The fact is that today we are talking about ways of improving the program and not replacing it or mixing it with some of the other programs, which has been a real threat, I appreciate your hallmark effects in this area.

To discuss the aspect of accountability in the rehabilitation program is really very interesting because, from the viewpoint of social programs, the rehab program already is one of the most accountable. It is the envy of all of the other programs because we know at any one time where all of our clients are, whether they are active or whether they are closed; what we have spent for them; what they are doing at the present time; how we are supporting them. It is a tremendously realistic and accountable program.

The amendments, as I understand them and as I read them, however, improve on this accountability, which I think is commendable. I would like to make some comments, however.

One of the things that I think could be added to the amendments is to extend the accountability to active clients in the caseload and to an active accounting of the financial activities that are going on. The current amendments do a good job of mandating closer attention to here on closed cases. This is very good, but we could with very little more effort extend this to active cases in the current caseload, and in fact a lot of this has been done.

One of the things that happened recently was that the OMB, the Office of Management and Budget, disrupted the accounting process in the State-Federal system by outlawing a couple of the basic forms, the RSA-300 and the RSA-2, which are basic caseload, and financial reporting documents, and it has thrown the field into kind of disarray. I think the amendments will help correct this, and I think if they are expanded to extend their thrust to active cases it will be helpful.

The term "closed out" as used in the amendments, I think could be more refined with good benefit. As it is now, if you talk about making this reporting on cases that are closed out, you are talking about a very, very wide range of very, very different kinds of cases. I think the Senate could limit that to people who are closed out after having received rehabilitation services of some kind. There are so many clients who come in that really don't belong, and if you——

The CHAIRMAN. That is a good suggestion. I think we can add that to the bill. We will see what we can do. We will try to make that as a technical amendment.

Mr. THOMPSON. Fine. Thank you.

I also approve of the mandate for further evaluation that is in the amendments. We have had standards and we have worked with them in the past, but they haven't had a lot of clout behind them and it has been sort of a wishy-washy thing. I think to put the force of law behind them would be helpful, and I think to extend that to look at the effectiveness of projects with industries and the effectiveness of independent living projects is extremely good. Some of those projects are well done but others really do need to be looked at, and mandating that their effectiveness be studied is a good idea.

One of the other comments I would like to make might be straining accountability a little bit, but the act in the first page mandates the lower age as 16. There are many reasons, I guess, why that is in there, but from the point of view of people who work with the blind and the visually handicapped, that would be a disadvantage because we start much earlier. While we don't provide a lot of service, we do provide consultation, we do get these people on our rolls, and we do follow them in the schools for the blind and a lot of them in the regular schools now, much below the age of 16. Therefore, the transition from the school system to our program becomes more smooth and more complete, and fewer people fall between the cracks.

The last comment I would like to make is also an accountability element, and that has to do with the client assistance programs. I would like to see the State option remain as it is. There are very good client assistance programs operating within the State system. I think it tends to minimize unnecessary contention and adversarial activities that might otherwise occur.

I know from practical experience that in the supervisory kind of relationships that go on, a client asks for something and the counselor denies it. The client becomes very unhappy, and appeals to his counselor's supervisor or to the director. Very frequently it is found that the client's needs are just, and you can work around within the system, smooth the thing over, and go on about your business. I think this is typically what happens, and that we could be introducing an adversarial element if we mandated that the States did not have the option of keeping it within their own program.

Therefore, in summary I would like to extend the information collection mandate to the active caseload. I think "closed out" should be defined. I would put a legal mandate behind evaluation in all of the sections of vocational rehabilitation. I would retain the age flexibility, as is in the current act, and not mandate it at 16; and I would retain the State option for client assistance programs.

[The prepared statement of Mr. Thompson follows:]

T E S T I M O N Y

Presented to:

The Senate Committee on Labor and Human Resources

Senator Orrin Hatch, Chairman

The Revision and Extension of the
Rehabilitation Act of 1973

Rehabilitation Amendment of 1983

Respectfully Submitted by:

Warren Thompson, Acting Director
Utah State Office of Education
Division of Services for the Visually Handicapped

309 East 1st South
Salt Lake City, Utah 84111
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Hearing Held in Salt Lake City, Utah
June 25, 1983

June 25, 1983

BIOGRAPHICAL SKETCH

Warren Thompson

Mr. Thompson is currently Acting Director, Division of Services for the Visually Handicapped, Utah State Office of Education. He has served previously as assistant Regional Director, Department of HEW, and Regional Commissioner, Rehabilitation Services Administrator in Region 8, Denver Colorado. He has also served as Director, Department of Rehabilitation in California, and Director, Department of Rehabilitation in Colorado. Earlier he served as V.R. Counselor, District Supervisor, and Assistant State Director in Utah, his native state. He is a past president and board member of the National Rehabilitation Association.

SUGGESTED QUESTIONS

1. Have the reporting requirements of the Rehabilitation Services Administration been aggressive or burdensome to State V.R. Agencies in your opinion?

2. How would the amendments affect the State V.R. Agencies serving the blind?

3. Have their been any federal actions in recent months that have adversely affected Vocational Rehabilitation services for the blind?

Both the Vocational Rehabilitation Act and I will soon be 63 years of age. I've often thought since my association with this program 36 years ago that it has been an honor to share the same birthdate with such significant and truly American legislation. Likewise it has been a privilege to spend my working life in various facets of this program which have taken me from a position of vocational rehabilitation counselor, through the State system to where I have been State Director of three separate State agencies. I have also worked in the Federal Rehabilitation System at both the Washington, D.C. and regional office levels.

I mention this principally to establish that we are today discussing amendments and improvements to one of the oldest and certainly one of the most distinguished pieces of social legislation ever devised. The legislation represents the skillful and inspired contributions of many of our most distinguished citizens and congressional leaders. Personally I am relieved that we will consider means of refining and adapting this pioneer piece of legislation, rather than ways in which its thrust might be diminished by amalgamation with other people programs.

Accountability has been one of the hallmarks of the V.R. program. Its system of checks and balances and its unique method of knowing the current situation of each client by an innovative system of 'statuses' are the envy of other social programs. It is also part of the reason, I'm sure, that in my long involvement within the V.R. program, most of it in a supervisory role, I have never encountered a proven case of fraud or embezzelment in the eight western states where I have worked.

On the other hand, I look back sometimes in disbelief at the impact a few hundred dollars can have when properly invested in a person's life at a critical time. My long personal perspective and involvement has provided

me with innumerable instances in which the pump-priming effect of V.R. services has yielded results that have changed the life style not only of the individual but of his family and his decedents.

In reading the current amendments, I conclude that an accountability need is not addressed. The amendments should include authorization for and direction to the Federal Office of Rehabilitation Service to continue to collect, analyze, and distribute national current caseload and financial statistics. The states are tooled up for this and can therefore provide it with minimum disruption. The data is invaluable for demonstrating unmet state needs, and other planning and adjustment thrusts that should be taken in state programs. The value of these statistics to RSA and its regional offices to properly perform their leadership and monitoring roles is also important. The state programs with which I am familiar would strongly favor a continuation of the traditional state accountability process, expanded and updated by computer technology. They interpret recent actions by OMB which discontinue basic statistical and financial forms as being disruptive to state program accountability and management. I would propose directions in the amendments to preserve this system.

My specific comments on the amendments follow:

(1) Page 2, line 14. The term 'closed out' needs to be defined. Probably what is wanted is a term like 'closed as rehabilitated'. Many cases are 'closed out' in rehabilitation after inconsequential contact or no service on the basis of losing contact, death, insufficient vocational handicapp, etc. The statistic would have more meaning if limited to cases who have been provided significant services and

W. Thompson

closed as rehabilitated.

(2) I approve the general concept of mandating information collection and analysis as set forth in Section 102, page 2, line 11. It is supportive of strong accountability within the act.

(3) Evaluation is certainly a basic aspect of accountability. For this reason I support the mandate as expressed in section 103A, section 14, page 3, lines 6 to end of section.

(4) In Utah as in many other states, mandating the lower age as 16 (page 2, line 5) would interfere with cooperative school programs in which planning is started at an early age. The flexibility contained in the current Act is desirable without amendment. Accountability in terms of early client contact and follow-up would be preserved. Transition from school to adult life would be enhanced particularly for the blind and other severly handicapped people.

(5) Client assistance programs serve a realistic need and should be encouraged as the amendments would accomplish. However, I dislike seeing the State option removed as to where the program should be. I fear that in some states mandating that the program 'is not administered by the state R.V. Agency' (page 6, line 19) would lead to unnecessary contention and adversarial activities. My experience has been that programs within State V.R. agencies resolve problems quickly with a minimum of conflict. I prefer to see states allowed an option in this area.

In summary, I support the amendments as being good additions to a proven program, but suggest minor clarifications as noted above. Federally outlined information items promote uniformity and comparability in the State/Federal system.

W. Thompson

The CHAIRMAN. Thank you, Mr. Thompson.

Ms. CRUZ. Our next speaker will be O. Kent Berg. He is the district supervisor here in Salt Lake for the Division of Rehabilitation Services.

The CHAIRMAN. It is good to have you with us.

STATEMENT OF O. KENT BERG, DISTRICT SUPERVISOR, UTAH DIVISION OF REHABILITATION SERVICES

Mr. BERG. Thank you, Senator Hatch. I really appreciate what you have done for handicapped people and for rehabilitation services. For you and your staff and my colleagues and the friends than we have here at this hearing, I am very honored to present my remarks.

What I have to say first will deal with the same subject—Warren and I were given the same subject—but I hope to add a little more to what Warren said. It seems clear that Rehab Services Administration in Washington and the Office of Management and Budget are not presently interested in collecting and analyzing program performance data from States. Such data has in the past enabled State rehab agencies to enjoy a high level of accountability and comparability.

Less that 2 weeks ago Judy Ann Buffmire, the administrator of rehab services in the State, sent a letter to RSA's statistical branch, and I want to quote a paragraph from her letter:

> Enclosed is the R-300 data tape for Utah general program for fiscal year 1982. It is realized that this data in toto is not required at the present time by your agency, but Utah feels it is necessary to be officially included in the Utah record to verify the State vocational rehabilitation agency accountability for client service.

It is my understanding other States sent in this information, even though it wasn't required, so the record would still be there. Rehabilitation agencies want to be held accountable for the expenditure of public money.

Now as Warren mentioned, Dr. Buffmire's letter was prompted by an RSA information memorandum 83-32, which outlined in an attachment, 28 data elements they no longer require but which, in my opinion, are vital to understanding with what accountability money appropriated for rehab services is being spent.

If Government agencies are to be accountable for their successes and problems in resource management to the executive branch, to the legislature and the public, then the collection of data is essential and needs to be comparable nationwide.

Some specific areas where such accountability contributes significantly to program vitality include: the continuous development of performance standards and expectations; the projection of future needs for budgetary allocations; the maintenance of operational control; and any possibilities at all for cost reduction and service improvement.

The language of Senate Report No. 98, the proposed Rehabilitation Amendments of 1983, concludes required reporting or relevent data elements which RSA is presently not requiring for these. In this area there is no question but what this bill promotes accountability and establishes accountability.

Accountability is however a two-way street. It involves the impact of legislation in the lives of those it affects, as well as the efficiency and effectiveness of the agencies and programs it establishes. Impact can be defined primarily as a function of how and whether resources are translated into life changes for people. The need for an increase in budget during times of high unemployment to meet the needs of handicapped citizens is imperative. Congress is accountable to its constituents, and the handicapped are a significant constituency. Therefore, I am making a plea, for the funding of rehabilitation at the levels these amendments authorize.

There are related accountability issues with respect to some of the specific provisions in the amendments. Warren mentioned the age of 16. I take a little different view than he does there, but I recognize his reasons for wanting it to be flexible. I think establishing the age of 16 will help clarify the involvement of rehab counselors with referrals from special education and school dropout programs, et cetera. I believe accountability is enhanced whenever clearer definitions of responsibility are established.

If I may, I would like to offer a response to a question you asked of one of the members of another panel. You asked if they had had any experience with in-agency or independent client assistance programs. Because the area of my responsibility includes liaison with the Department of Family Services here in the State and their referrals to rehab, I am familiar with the fact that they have both in existence there: They have an outside advocacy agency and they have an internal comparable CAP person on their staff.

I know from experience with many cases that if we have a handicapped person for whom we are acting as an advocate for and we want to resolve that problem they have with family services, that we get better results by going through the agency CAP worker who is outside line authority in social services but still can handle that kind of problem, than we do by going to the independent advocacy agency.

I believe that making the CAP independent of State rehab can be counterproductive. Many questions and potential problems can be more efficiently and effectively handled within the agency if there is the opportunity for facilitating communication through a CAP representative outside the line authority structure.

I see the problem not as having one outside; I think that is OK. I think we already have that available to us to some degree with disability. However, if this legislation goes through as written, I see us as losing our internal CAP and I think that would be a loss to the accountability of the agency and a loss to our clients. Therefore, if there is enough money, let's have both, but if we have to choose, let's keep the most effective one.

I believe projects with industry grants would also enable State agencies to be more accountable in providing a continuum of services. There would be easier access for counselors to make referrals and monitor their clients 'progress. This is an option in the bill, and we support that option.

The expansion of training programs in the bill has to do with accountability as well. In the final analysis, the most effective kind of accountability is professional skill and commitment which is developed in part by inservice training.

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I believe the fiscal amounts authorized by the bill are clear examples of the desire of this Committee on Labor and Human Resources to be accountable to the public, and for these programs to have significant impact in the lives of the handicapped.

Finally, rehab is a program of direct services and it is a small program, relatively, in the national view. We have to make use of similar benefits in other programs. I think sometimes we do not have the access to those similar benefits that we could have if there were legislative backup for it.

Just as an example, the Job Training Partnership Act defined that in a general way, membership on their private industry should include someone from rehabilitative agencies, which translated in an example here in Utah into someone other than vocational rehabilitation on one PIC. It is important that we be represented so we can facilitate exchange of referrals and information and mutual program support.

The CHAIRMAN. Tell me a little bit about that.

Mr. BERG. Well, I think rehabilitative agencies was broadly interpreted, and because other programs have some component of that——

The CHAIRMAN. That doesn't necessarily mean vocational rehabilitation.

Mr. BERG. Yes, right, and yet it was the intent, I believe, that the State rehab agency be represented on that policy committee. It may have been resolved here in Utah because our agency director made an appeal, and I think we will be represented.

It is symptomatic, though, of a lot of the similar benefits we have access to but we have to take an advocacy role to really get involved in. Legislation might be worded so that rehab could gain access in that more directly.

For instance, we have had a lot of programs where rehab has been considered a resource to a client, and although we are not committed to totally pay for that client's education, as a resource they have figured our money in and then found that client ineligible for their financial help. Therefore, in applying for the Pell grant, for instance, rehab needs to be figured in and if rehab is available as a resource, it may make the client ineligible for the Pell grant.

The CHAIRMAN. I see.

Mr. BERG. We also recognize there is a problem sometimes when timely funding isn't addressed. You know, it is hard when we have to set priorities during part of the year and we don't have to set them the rest of the year, and some clients get backed up in their program when it is purely an administrative, budgetary kind of problem that the agency faces. Therefore, we urge that as soon as possible you consider House bill 2461 and we get the funding taken care of for rehabilitation programs.

Thanks a lot.

[The prepared statement of Mr. Berg follows:]

T E S T I M O N Y

Presented to:

The Senate Committee on Labor and Human Resources

Senator Orrin Hatch, Chairman

The Revision and Extension of the
Rehabilitation Act of 1973

Rehabilitation Amendment of 1983

Respectfully Submitted by:

O. Kent Berg
Division of Rehabilitation Services
638 East Wilmington Avenue
Salt Lake City, Utah

Hearing Held in Salt Lake City, Utah
June 25, 1983

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Biographical Sketch

O. Kent Berg served as a rehabilitation counselor from 1965 to 1970 and has been a district supervisor since then. He currently supervises 13 counselors and administers a case service budget of approximately $400,000 annually. He is a Past President of the Utah Rehabilitation Association and was Utah's Counselor of the Year in 1970. He is currently President of the Board of Directors of the Work Activity Center for Handicapped Adults and for almost 18 years has been involved in serving the handicapped citizens of Utah. Kent has a BS degree in Philosophy from the University of Utah and has over 100 hours of graduate work related to rehabilitation counseling, supervision and management. He is 47 years old, married, the father of six children and a lifelong resident of Utah.

QUESTIONS

1. Mr. Berg, why do you think Rehabilitation Programs should get a budget increase when many equally deserving programs are getting budget cuts?
2. Why do you feel it's necessary for all States to report mandatory data elements?
3. Do you know of any other examples where Rehab does not have access to similar benefits?

It seems clear that the Rehabilitation Services Administration and the Office of Management and Budget are not presently interested in collecting and analyzing program performance data from the States. Such data has in the past enabled State Rehabilitation Agencies to enjoy a high level of comparability and accountability.

Less than two weeks ago Judy Ann Buffmire, the Administrator of Rehabilitation Services here in Utah sent a letter to RSA's Statistical Branch containing in part, the following statement:

> "Enclosed is the R-300 data tape for Utah General Program for Fiscal Year 1982. It is realized that this data in toto is not required at the present time by your agency, but Utah feels it is necessary to be officially included in the Utah record to verify the State Vocational Rehabilitation agency accountability for client service."

Rehabilitation Agencies want to be held accountable for the expenditure of public money.

Dr. Buffmire's letter was prompted by RSA Information Memorandum 83-32 which outlined in an attachment, 28 data elements which individually and collectively are vital to understanding with what accountability money appropriated for Rehabilitation Services is being spent, but no longer required.

If government agencies are to communicate their successes and problems in resource management to the executive, the legislature and the public then the collection of productivity data is essential and should be comparable nationwide.

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Some specific areas where such accountability contributes significantly include; the continuous development of performance standards and expectations, the projection of future needs for budgetary allocations, the maintenance of operational control and any possibilities for cost reduction and service improvement.

The language of Senate Report No. 98, the proposed Rehabilitation Amendments of 1983, is not in harmony with what RSA is presently requiring for reports and evaluation. In this area there is no question that accountability is established and enhanced by the data elements required in this legislation.

Accountability however is a two way street. It involves the impact of legislation in the lives of those it affects as well as the efficiency and effectiveness of the agencies and programs it establishes. Impact is primarily a function of allocating resources. The need for an increase in budget during times of high unemployment to meet the needs of handicapped citizens is imperative. Congress is accountable to its constituents and the handicapped are a significant constituency.

There are accountability issues with respect to some of the specific provisions in these amendments. Establishing the definition of a handicapped individual as one who has attained 16 years of age will help clarify the involvement of Rehabilitation counselors with referrals from Special Education and school dropout programs, etc. Accountability is enhanced whenever clearer definitions of responsibility are established.

I believe requiring Client Assistance Programs to be

independent of State Rehabilitation Agencies can be counter-productive. Many questions and potential problems can be more efficiently and effectively handled within the agency if there is an opportunity for facilitating communication through a CAP representative outside the line authority structure. An independent CAP could well contribute to the constricting of communication and polarizing of clients unnecessarily. A good, internal Client Assistance Program will contribute significantly to the capacity for clients to hold their rehab counselors, supervisors and coordinators accountable.

Projects with Industry Grants also would be more accountable if included within State Agencies. There would be easier access for counselors to make referrals and monitor their clients' progress. This is an option in this bill.

The expansion of training in these amendments has special significance for accountability. In the final analysis the most effective kind of accountability is professional skill and commitment which is developed in part by in-service training.

The fiscal amounts authorized by this bill are clear examples of the desire of the Committee on Labor and Human Resources to be accountable to the public and for these programs to have significant impact in the lives of the handicapped in the continued and improved development of this human resource.

Finally, Rehab is a program of direct services with funding that by comparison to some other programs is not large. We must rely in part on what is called similar benefits. Rehabilitation

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counselors must be referral and coordinating experts as well as counselors. Related programs must have clearly defined access for our clients if accountability is to be established fully. For instance the Job Training Partnership Act defines in a general way that membership on their policy committees include someone from Rehabilitative Agencies rather than State Rehabilitation Agencies. A small difference but it jeopardizes the ability of State Agencies to fully use this valuable resource.

We would urge consideration of HR-2461 as soon as possible. It compounds the difficulty in being accountable when we are not uniformly and fully funded all year long. Client waiting lists or prioritized services which seem necessary until funding is established are in the long run unnecessary hardships on the handicapped and may sabotage Individual Written Rehabilitation Plans.

The CHAIRMAN. Well, thank you. Have the reporting requirements of the Rehabilitation Services Administration, in either of you gentlemen's opinion, been aggressive or burdensome to State VR agencies? What do you think?

Mr. THOMPSON. In my opinion they have not been burdensome. In fact, the States have aggressively sought to report more because they recognize that in their reporting they get access to the reports of all of the other States, national trends, comparability, and things of this nature which are extremely helpful in program planning and budgeting and the directions that you are going. You want to see if you are somewhere in phase with the other States.

I think, as Kent pointed out, it has been interesting that when OMB said, "You no longer have to report all of these things," the States stood up as one and said, "We want to continue to report these things and more * * *"

The CHAIRMAN. That is interesting to me, too.

Mr. THOMPSON. Yes, it is.

The CHAIRMAN. However, I commend you for wanting to do so.

Mr. BERG. Let me make the point that there is an added benefit from that. I don't think we would be as far into the computer age in rehab as we are, were we not required to keep track of those data elements, and that added benefit comes in that we are able to use the computer, then, to help our program in other ways. If we were still able to keep track of everything we needed to by hand, I think we wouldn't be as effective as we are in our own program.

The CHAIRMAN. Well, that is great.

How would the amendments affect the State VR agencies serving the disabled? I am talking about these amendments here, this bill.

Mr. THOMPSON. The accountability aspects, I expect you are referring to——

The CHAIRMAN. Right.

Mr. THOMPSON [continuing]. With the blind it would be no problem whatsoever. The blind and the visually handicapped serve a much higher proportion of severely disabled clients, and I get the feeling that a lot of the information thrust of asking for more information is to get at whether programs are really serving severely handicapped people or taking on the more simply handicapped, easier case. In the blind that is not a problem because most of our clients are severely handicapped.

Mr. BERG. I think they would make it easier for us to make a case for budget increases.

The CHAIRMAN. Have there been any Federal actions in recent months that have made it more difficult to serve—or let me put it another way—which would adversely affect vocational rehabilitation services for the handicapped?

Mr. THOMPSON. I would like to respond to that. The Social Security Administration recently reversed its funding position, which caused a sharp cutback in vocational rehabilitation Federal funds through the social security system under titles 2 and 16, title 2 being the basic program and title 16, supplemental security.

They previously granted States money in advance to rehabilitate these people. A large proportion of the people we rehabilitate in serving the blind and the visually handicapped qualify under one or the other of those two programs, so we had a substantial amount of money coming from SSA. They suddenly stopped that in its tracks, and it reduced our client service budget something like 25 percent in one fell swoop. That created a real problem with us.

Now they have instituted a program in which, after a person has been rehabilitated and if he meets the requirements of their definition of rehabilitation, the State agency applies for refunding of the money that was spent on that client. However, in doing that, in their defining when a client is successfully rehabilitated SSA said, in effect, if the client is blind he has to have an earning capacity of over—he has to demonstrate substantial gainful activity of over $550 per month before the agency is eligible to claim reimbursement for that client.

If the clients are not blind, they only have to make approximately $300 a month, so the test is almost twice as severe for the blind, which doesn't make any sense whatsoever. It is an administrative action by Social Security which I think really needs to have some corrective attention paid to it.

The CHAIRMAN. Well, we will see what we can do to change that. That doesn't make any sense to me, either. I am glad you pointed that out.

Let me ask you one last question: Why do you feel it is necessary for all States to report mandatory data elements?

Mr. BERG. I think it is necessary because of the comparability factor. I recently went to Oklahoma for an advanced training session and we had 23 different States represented there, and we were able to talk the same language because of the history of our program being evaluated that way. I was able to learn a lot, and they learned a few things from me about how to improve services. It would have been much harder to do that if the same reporting requirements had not been used throughout the country.

Let me mention one other thing in response to the last question, Warren answered Senator Hatch: There is an element of our population that is unserved right now. I am not sure whether it is a function of Federal legislation but I am told it is a function of how that legislation is interpreted into State requirements.

It has to do with individuals between the ages of 18 and 22. Those individuals are served by the school system—and I am talking about severely handicapped individuals—served by the school system, who may pay for them to be in a particular workshop up to the age of 18 at which time they are given a certificate of graduation. Our social services department takes over at age 22. Its the cost of the workshop placement between 18 and 22 that might force a person to leave a workshop if there is no funding source available.

Now if they have vocational potential, rehab can help them during that intermediate 4 years, but if they are so severely disabled that there is no vocational potential and rehab finds them ineligible for services, then that person has lost placement in that sheltered workshop. That is a problem we are struggling with now in Utah and trying to resolve. It hasn't been resolved yet.

The CHAIRMAN. Well, thank you. I want to thank both you gentlemen for taking time out of what I know is a nice Saturday afternoon to come and chat with us today. It means a lot to us.

Neva, we appreciate seeing you again. You are doing great work and we are proud of you. Thank you.

We will go to our last panel now. We are going to discuss needs.

Excuse me. Yes, ma'am?

Ms. OWENS. I wanted to make a statement.

The CHAIRMAN. Could we wait right until the end, or do you want to say it with regard to this panel?

Ms. OWENS. Yes, I want to say it now.

The CHAIRMAN. All right. You have to come up here. You need to talk into this microphone. He will hand it to you, if you will just sit right in the front row. We are holding a formal Federal hearing here, and we will be happy to get your words in there. Go ahead.

STATEMENT OF BESSIE MAE OWENS

Ms. OWENS. I am Bessie Mae Owens. I have worked about 30 years with coalitions on handicapped and disadvantaged people.

The report that is given here today, it covers the waterfront more for the poor and disadvantaged. I noticed when this one man spoke, he said, "left out or bogged down." Well, that bogged down part that they leave out is the ones.

However, I have also been to the meetings of the rehabilitation and they are people that should be looked to and respected and really take advantage of what they have passed out here today.

The CHAIRMAN. Well, thank you, Bessie. We appreciate having that.

Bessie is very active in the State and we are happy to have your comments here today, albeit, Bessie, that we should have called you as a witness.

Ms. OWENS. Oh, no. [Laughter.]

The CHAIRMAN. OK. We will start with our last panel here now, and we are going to discuss needs not met by rehabilitation. Larry Smith is our panel chairman, from the Utah Developmental Disabilities Council in Salt Lake City.

Larry, I am going to have you introduce our other panelists. We are very happy to have you all here today, and we will turn it over to you.

Mr. SMITH. Thank you, Senator.

This panel, I think, probably represents some real success stories by rehabilitation, and that is part of the reason we are here. We are not here as people with disabilities but we are here as people with abilities, and I think it is important to note that we are here because we want to be part of the system. We don't want to change the system, and we feel that is very important.

The very first person that I would like to call on as a member of our panel is Gary Staley. Gary is a rehab counselor. He serves the Price area, and he has some of the most difficult people that there could be to rehabilitate, and that is quadriplegics. I would like to turn some time over to Gary now, if I could.

The CHAIRMAN. Gary, we are happy to have you here to present your testimony.

STATEMENT OF GARY STALEY, REHABILITATION COUNSELOR PRICE, UTAH

Mr. STALEY. Thank you, Senator Hatch.

Senator Hatch, it is a pleasure to be here with you. At the outset of my talk here I would like to express appreciation to you and your committee for the tremendous amounts of legislation and help you have provided to the handicapped in general.

The CHAIRMAN. Well, thank you.

Mr. SMITH. I really appreciate that.

As I have been introduced, I am a rehabilitation counselor. I have been in that employ for the last 11½ years. During that time I have seen the effectiveness of rehabilitation personally. I have seen in excess of 500 rehabilitants pass through training programs in to very effective, successful lives having stable employment. I myself, as can be seen, am handicapped. I, too, was a recipient of rehabilitation services, a program for which I will be lifelong indebted.

I have read through the amendment very closely, and I do support the amendment in general. I know that there are philosophical differences, especially to the client assistance program, but I do feel that there is a real need for permanence of that program which the bill establishes. I am sure that those philosophical differences will most likely be ironed out in the months to come.

I am also encouraged about the continued emphasis on innovative and expansion programs, along with the developmental disability programs that it calls for. Today, however, I would like to direct my comments to the funding of the program in general for the rehabilitation processes.

This area of funding of rehabilitation needs is a very important one, I feel. Within the bill, it is my hope and concern that the apportioned funding for rehabilitation found in the amendment will

be legislated at the levels indicated for fiscal years 1984, 1985, and 1986, and of course with an authorization at that level eventually.

As you are aware, Rehabilitation Services has been operating for a number of years on a static budget. Of course, the culprit—inflation—has really eroded the ability to provide the level of services once provided rehabilitation clientele. In an effort to buoy up these devalued dollars, many efforts have been taken by Utah rehabilitation counselors and counselors in general to make extensive use of similar benefits to assist in training. This has been brought out by Mr. Berg, such as the use of Pell grants, basic grants, scholarships, VA benefits.

In conjunction with this same effort, Rehabilitation Services has reached out and worked with similarly aligned training programs, such as WINN and CETA, to again buoy up the devalued dollar to serve our clientele, whereby they might be eligible not only for rehabilitation but also for these programs in general. Through a pooling of resources, we have been able to stretch our rehabilitative dollar.

This effort has not only been made interagency-wise on a training level, but we have also worked very closely with Mental Health, Social Services, and Public Health to utilize their services, such as counseling, medical support programs, and life support programs. To give you an example of how well this has worked, let me provide you with some figures on the Southeastern Utah District.

The district documented during fiscal year 1981-1982 over $470,000 worth of similar aid benefits. We feel again this year we have attained about this same level of similar aid benefits, and these benefits have been used to supplement training programs, to use in other areas of cost such as physical restoration, et cetera, and living costs in general.

Now the aforementioned gives you a very clear idea of the efforts that we have made as rehabilitation counselors to stretch this dollar. However, no matter how great these efforts have been to provide our clientele with needed services, we are still not meeting the needs of our clients. This has been the first year in my counseling experience that we as a State have had to limit our summer school activity. I have documented within the Southeastern Utah District $40,000 of services that needed to be provided this fiscal year, but lacking funds, these services were not provided and these clients were put on waiting lists until finances permit entrance into training programs, or medical services, et cetera, this type of thing.

Now this inability to provide these needs on a timely basis to our clientele also brings to mind another very important concern I have about the narrowing of services by rehabilitation in general. Both on a Federal and State level, rehabilitation counselors have been advised to use short-term training programs wherever possible.

In some cases it is a very feasible idea and we have put this concept into use. However, there are some individuals who, due to a shortened program, do not really gain enough skill that will allow them to be financially independent at the end of the training program and job placement. This results sometimes in underemploy-

ment and possible continued dependence upon public assistance programs.

An example of this would be to share a client history with you. I am currently working with a young divorcee, a mother having five children who is on public assistance at this time. She is an individual who has completed successfully 2 years of college, on her way to completing the 4-year program. I have put this individual in a 4-year program before we started to kind of try to narrow down our programs to make our bucks reach further.

She is a woman that I feel that, should we interrupt her program, the 4-year program, and maybe narrow it down to a 2-year program, she would come out of our program at a point where she would not be able to be a sufficient breadwinner to support her children. Second, she would probably continue to be dependent on some type of public assistance in the future. Yet the referrals that will come into my office under similar circumstances, I will have to consider a shorter-term program for those individuals. My concern is, then, are we doing these individuals a favor in shortening programs and not allowing them to achieve their full potential? Adequate funding in the future is crucial for the survival and effectiveness of rehabilitation.

It is hopeful that I have given you a clear view of our efforts to make rehabilitation dollars go further. However, I really feel that we are now exhausting resources and have arrived at a point where we have to defer services to individuals, or in some cases abbreviate training programs that are not truly rehabilitating the individuals to where they can become financially independent.

As you are aware rehabilitation is a program that pays and does not cost, because through the rehabilitation process and individual eventually surfaces; whereby he is independent, a taxpaying citizen, and an individual that has a renewed strength in self-concept for life.

It is my sincere hope that rehabilitation will have your support as a committee for the necessary funding to carry out this program, to help individuals who would like to have the opportunity to prove themselves that they can carry out their responsibilities and roles in life.

Again, I appreciate you, Senator Hatch, for all that you have done as a committee chairman on this matter. I really do feel that if we can possibly have this funding that is called forth in this amendment, we can meet the needs of our clientele.

[The prepared statement of Mr. Staley follows:]

T E S T I M O N Y

Presented to:

The Senate Committee on Labor and Human Resources

Senator Orrin Hatch, Chairman

Rehabilitation Amendment of 1983

Respectfully Submitted by:

Gary Staley, M. Ed.

Rehabilitation Counselor

State Office of Education

Division of Rehabilitation Services

250 East 5th. South

Salt Lake City, Utah 84111

Hearing Held in Salt Lake City, Utah
June 25, 1983

June 25, 1983

Senator Orrin Hatch, distinguished Senators of the Senate Committee on Labor and Human Resources, Staff Members, Colleagues, and friends of the Rehabilitation concept; please allow me to introduce myself. I am Gary Staley, a Rehabilitation Counselor with the Utah State Office of Education, Division of Rehabilitation Services. I have been in this employ for eleven and a half years. During this time it has been my privilege to see in excess of 500 rehabilitants successfully placed in gainful employment and lead productive lives. As for myself, it can be seen that I too am handicapped and a former recipient of Rehabilitation Services - a program for which I will be lifelong indebted.

Having read the 1983 Rehabilitation Amendment to the 1973 Rehabilitation Act, I would like to take this opportunity to voice support for this amendment in general. I applaud the intent of the bill to establish a permanent Client Assistant Program, for its continued emphasis on Innovative and Expansion Programs and its continued support of Developmental Disabilities. I am very encouraged about the proposed funding that would carry out the various Rehabilitation programs that are now being provided to the public. This area of funding of Rehabilitation needs is the area in which I would like to address my comments at this time. It is my hope and concern that the proposed appropriations for funding of Rehabilitation found in the amendment will be legislated at the levels indicated for fiscal years 1984, 1985, and 1986 with approved authorization at such level.

As you are aware, Rehabilitation Services have been operating for a number of years on a static budget. The culprit, inflation, had eroded greatly the ability to provide the level of services once provided to Rehabilitation clientele. In an effort to buoy up these devalued dollars, many efforts have been taken by Utah Rehabilitation Counselors and I am sure, of counselors throughout the United States, to make extensive use of similiar benefit programs,to assist in training,

such as PELL or Basic Grants, scholarships, VA benefits, etc. This effort to meet training needs, coupled with Rehabilitation reaching out and working very closely with similiar aligned training programs such as WIN and CETA has in place a process of sharing costs in the training of clientele wherein individuals could meet program eligibilities criteria in one, two, or possibly three programs. This has not only helped the Rehabilitation process to stretch our bucks further, but similiarly its helped other agencies who face the same problems as we have, and may I add, possibly even greater problems due to their budget cuts and their weak dollars that they have received. This effort to coordinate interagency services extends not only in training areas, but has joined forces to work with Mental Health, Social Services, and Public Health utilizing services such as counseling, life support programs, and medical assistance.

To give you an example of how well this concept has worked, let me provide you with some figures of the Southeastern Utah Rehabilitation District. The District documented during fiscal year 1981-82, $470,000 of similiar aid benefits. My District Supervisor feels that we have either matched or exceeded this figure this fiscal year. These similiar aid benefits that have been documented were used to help individuals with living needs, some training costs, and some were used in helping with physical restoration, etc.

The aforementioned gives you a clear picture of the efforts that have been made by Utah Rehabilitation Counselors to stretch the Rehabilitative dollar. However, how great these efforts are to provide our clientele with the needed services, they are still not meeting the needs. This has been the first year in my counseling experience that we as a State have had to limit our summer school

activity. I have documented with the Southeastern Utah District, $40,000 of services that needed to be provided this fiscal year, but with lacking funds, these services were not provided. These clients have been placed on a holding list until finances permit their entry into various services, such as training, physical restoration, etc.

This inability to provide these needs on a timely basis to our clientele also brings to mind another very important concern I have about the narrowing of services by Rehabilitation in general. Both on a Federal and on a State level Rehabilitation Counselors have been advised to use short-term training programs where ever possible. In some cases it's a very feasible idea, and Rehabilitation Counselors put this concept into use. However, there are some individuals, due to a shortened program, who really do not gain enough skills that will allow them to be "financially independent" at the end of a training program and job placement. The result is underemployment and possible continued dependence on public assistance. As an example of this fact: "I am currently working with a young divorcee, a mother of five children, who is currently dependent on public assistance for her means of support. She is an individual who has completed successfully two years of college in a business program. These first two years will be prepatory to her completing a program in business management at a university. She is a woman whom I placed in a four year program before our guidelines began to demand that counselors shorten vocational training programs. To take this same individual at this point in time, after two years of college, and placing her in the employment market, there would be no way that I can see that she would be effective in being a bread winner to those children and be

independent of any type of public programs for financial assistance." Yet, the referrals that may come into our office under these similiar circumstances, I will have to consider them completing a short-term program. Adequate funding in the future will be crucial for the survival and effectiveness of Rehabilitation.

It is hopeful that I have given to you a clear view of our efforts to make Rehabilitation dollars go further; however I really feel that we are now exhausting resources and have arrived at a point where we have to defer services to individuals - or in some cases, abbreviate training programs that are not truely rehabilitating that individual where they can become financially independent. As you are aware, Rehabilitation is a program that pays and does not cost, because through the rehabilitation process an individual eventually surfaces; whereby he is financially independent, a tax paying citizen, an individual that has a renewed strength in self concept for life. It is my sincere hope that Rehabilitation Services will have your support for the necessary funding to carry out its programs, to help needy individuals who would like to have the opportunity to prove themselves that they too can carry out their responsibility and role in life. Thank you kindly for this opportunity to present this testimony.

The CHAIRMAN. Thank you, Gary. I appreciate your kind remarks.

Mr. SMITH. The next person I would like to introduce is Mr. Stephen Mikita. Steve is an attorney at law, and he is currently serving as an assistant in the State attorney general's office.

The CHAIRMAN. I know Steve real well. Steve helped us on the Judiciary Committee, back on my staff in Washington. We sure are proud of him and all that he has done. In fact, I am proud of all three of you. My goodness, I think you are beautiful examples of what good programs can do.

Steve, we will turn to you at this time. I used to tell you what to do; now you can tell me what to do. [Laughter.]

STATEMENT OF J. STEPHEN MIKITA, ASSISTANT ATTORNEY GENERAL, STATE OF UTAH

Mr. MIKITA. Thank you, Mr. Chairman and Chris. It is indeed an honor and privilege to appear before your committee this afternoon to share with you some of my views concerning the Rehabilitation Amendments of 1983.

At the outset, however, I must explain that I appear before you today as an individual who is extremely interested in advancing the rights of the handicapped community, and one who is a grateful past recipient of vocational rehabilitation services. Today I am not appearing in my official capacity as an assistant attorney general for the State of Utah and, therefore, none of this testimony represents either the views of the attorney general himself or the office in which I am employed.

The CHAIRMAN. We will try and help get them across to him. [Laughter.]

Mr. MIKITA. I think he concurs in most of my remarks.

The CHAIRMAN. I think he does.

Mr. MIKITA. Mr. Chairman, these amendments to the current law demonstrate your firm commitment and particular sensitivity to both the needs of and the potential within the handicapped community. Senator Hatch, you understand that those of us who have been given the challenge of overcoming different physical and mental limitations all share the same handicaps of hurdling not only architectual but attitudinal barriers.

I would much prefer to confront the inconvenience posed by a curb or revolving door than to struggle with the fear and bias which still alienates those of us who, through no fault of our own, do not conform to society's perceptions of the physical norm or what constitutes cosmetic orthodoxy. Change to the latter requires more than an elevator or a ramp. What is desperately needed is an opportunity for those of us with special disabilities to show our unique capabilities, both in the classroom and in the workplace.

It is this legislation which invites us to do much more than dream. It encourages us to try and enables us to succeed. Through this bill's appropriation provisions, Mr. Chairman, we see the tangible realities of this new legislative promise. For too long we have been crippled by the soaring costs which have frustrated all of us and even defeated some of us. Your bill is not a charitable afterthought, but a realistic investment.

All of us have the desire and most or us share the mutual needs for job counseling to realize what we can do, and then the money to assist us in doing it. We must insure that the "qualified personnel" referred to in your bill provide effective job counseling, while aiding us in securing meaningful opportunities which maximize our vocational talents and dignify our determined efforts.

Furthermore, subsequent to job placement there should be consistent and periodic followups by the counselor to determine the success of the program and to monitor the satisfaction of both the client and his employer. Also, we must not allow the financial assistance to and counseling for the severely handicapped provided in the bill to become a low-priority item during times of economic prioritizing. We who are severely handicapped desire our proportionate fair shake, and principles of equal protection demand no less.

Mr. Chairman, I wish to thank you again for this opportunity to express my views regarding this legislation, which signifies more than a pat on the back to this country's handicapped community. It is at once another profound step toward our hope of an ultimate embrace and integration into our society. We who shun society's sympathy applaud your advocacy on our behalf.

Thank you very much.

The CHAIRMAN. Thank you, Steve. I appreciate that very much. Larry?

Mr. SMITH. The last person we have on our panel is Leslie Horkan. Leslie is going to be the new president at Westminster College, and she has been very active in civic affairs for, I guess, most of her life. She has served on several committees, and she has been out in the forefront trying to make people understand that these attitudinal barriers must come down, and they are just as important and just as hard to get past as closed door. Therefore, I would like to present Leslie Horkan.

The CHAIRMAN. Leslie, we are really happy to have you here. I have been working to try to save Westminster College, too. We have had our problems there, but we are glad to have the student body president from Westminster with us and we are really proud of you. Go ahead.

STATEMENT OF LESLIE HORKAN, STUDENT BODY PRESIDENT, WESTMINSTER COLLEGE

Ms. HORKAN. Thank you. As you, Larry, I am a student at Westminster College, where I am studying psychology. I was born with a degenerative nerve disorder, which left me walking until about the age of 14, when the anaesthetics used during a spinal operation further damaged my nerves and confined me completely to a wheelchair. Since then I have been involved with many organizations serving the handicapped, as Larry mentioned. Being involved with the handicapped and working with them, as well as being handicapped myself, I feel qualifies me to speak about the needs of the disabled.

My experience with vocational rehabilitation has been extremely positive. Besides just receiving aid with tuition, I have received other important services, such as equipment to make my schooling

a more convenient, access to typists, job referrals, and valuable advice from my counselor. If it hadn't been for vocational rehabilitation I wouldn't be holding the position of student body president which I now hold at Westminster College; in fact, I probably wouldn't even be attending Westminster College.

I would like to see every handicapped individual receive the same opportunity that I have had. Now, I would like to share some of my ideas regarding the needs of the handicapped.

First of all, I know that with the decreased funding it is extremely difficult to reach so many clients and allow them to choose their own programs, but I think it is just as true for handicapped individuals as it is for anyone else, that one must enjoy the work that he or she will do in order to obtain a job and to hold it. Therefore, personal preference must be taken into account when developing programs for the handicapped.

Another issue deals with the program's length. To my knowledge, the maximum time allowed by vocational rehabilitation for schooling is the bachelor's degree. Some program areas may take less time than that while others will take more time. Therefore, individualized planning is important for the success of a client.

Some basic skills, also, that are needed to enter and stay in the work force are skills such as basic social skills, time management, leadership, assertiveness, and grooming. In this area, a program such as a prevocational skills workshop series could be offered, easily by independent living centers, this would be very beneficial in making the transition to the work force for handicapped people much more successful.

Another key issue which I failed to mention in my written testimony—don't ask me why—is transportation. In order to even go out and apply for a job, we need a dependable and inexpensive transportation system for the handicapped. It is mandatory.

Finally, I have three other areas that deserve consideration: First of all, there needs to be an increased awareness by the handicapped individuals themselves of what kind of programs are available to them. I have talked to many, many disabled people and many don't even realize what is out there for their use.

There also needs to be an increased awareness by the general public as to the needs of the handicapped. I believe that this will facilitate communication between the handicapped and nonhandicapped.

Finally, there needs to be better coordination of services between those agencies which serve the handicapped. This will decrease costly duplication of services.

I would just like to say I truely appreciate the opportunity to be here and share my ideas with you, Senator Hatch.

[The prepared statement of Ms. Horkan follows:]

T E S T I M O N Y

Before the Senate Committee on Labor and Human Resources

by

Leslie Horkan
Consumer

UNMET NEEDS IN REHABILITATION

June 25, 1983

ATTN: Senator Hatch and Anyone Involved with the Proposed Rehabilitation Amendments of 1983

My name is Leslie Horkan. I hold the position of Student Body President at Westminster College of Salt Lake City. I have been involved with a variety of organizations which serve the handicapped including:

1. Vocational Rehabilitation - as a client (1980-83)
2. Utah Independent Living Center - as a Peer Counselor (1982) and as an Independent Living Specialist (1983)
3. Utah Easter Seal Society - as President of the Young Adults (1982-83), Vice President of the Teen Machine (1980-82), and Secretary and Treasurer of the Teen Machine (1978-80)
4. United Cerebral Palsy - organizer of a teens and young adults social group (1982)
5. Muscular Dystrophy Association - as a client (1982-83)
6. Miss Wheelchair Utah - as a participant (1980 and 1981)

My involvement with organizations serving the handicapped began approximately seven years ago at the age of fourteen when the degenerative nerve disorder (Freidriech's Ataxia) which I was born with progressed to the point where I was completely confined to a wheelchair. I also have a younger sister

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with the same disorder who still walks. In neither case could the disorder be detected at birth, and I wasn't diagnosed until the age of fourteen.

Since my confinement to a wheelchair, I have become increasingly more active in organizations serving the handicapped, because I feel that disabled people need to be given the opportunity for productive and meaningful participation in all facets of life including independent living, the work force, recreation, etc.

The services provided to me by Vocational Rehabilitation have been greatly appreciated. Besides just receiving partial payment, other equally important services have been provided such as equipment to make note taking more convenient, offers for hand controls and a van lift, access to typists job referrals, and valuable advice. If it hadn't been for assistance from Vocational Rehabilitation Services, I wouldn't hold the position I now hold at Westminster College of Salt Lake City. In fact, I probably wouldn't even be attending this particular institution.

I believe that the Rehabilitation Act was a giant step in the right direction in attempting to meet the needs of the severely handicapped. I do believe, too, that there is always room for improvement, and I would like to address some issues I am particularly concerned with.

My first area of concern which results from the decrease in funding is that rehabilitation clients are encouraged to enter those programs which are short term and less expensive than other available programs. At times, a client's own preference may not be taken into consideration. I believe the cost effectiveness is an important factor because of the financial reductions and the need to reach as many clients as possible, yet I feel it is important that a client has the freedom to select his/her own occupation. Possibly a

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trial period would be helpful during a training program to allow the client to discover which direction he/she wishes to take.

At this point, the maximum assistance for schooling allowed by Vocational Rehabilitation is the bachelor's degree. This may be adequate schooling for some fields of study, while other programs may even require less time. However, still other areas may require additional study which isn't allowed for by Vocational Rehabilitation. This latter limitation is a great hindrance to those individuals whose chosen field requires further study through the master's or doctorate level. Therefore, individualized planning is of the utmost importance for the client's success. The opportunity for continued schooling when needed would be a positive addition to the proposed amendments.

For those physically, mentally, and emotionally disabled individuals who lack the opportunity for social contacts, a pre-vocational skills workshop series would be beneficial. This type of program would prepare the individual with basic skills required to get along in the world of work. Such skills might include social skills, time management, grooming, leadership skills, assertiveness training, etc. Independent living centers could easily offer such workshops. Acquisition of these skills would make the transition into the work force much more successful.

In my interactions with other handicapped individuals, I have come to the realization that a lot of these people are truly unaware of programs that are available to them. Increasing this awareness so that more people can take advantage of these services will create a more productive and useful handicapped population.

As well as making the handicapped aware, educating the general public to the needs of the disabled will benefit both groups. The handicapped can obtain

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meaningful employment, and the non-handicapped can realize a valuable source of well-trained and dependable employees. In addition, both will benefit from the development of satisfying relationships. Programs which integrate handicapped individuals with non-handicapped individuals would greatly facilitate this effort.

I would also like to reinforce the idea of better coordination of services between agencies which serve the handicapped. An efficient referral system would promote the strengths of each agency while limiting the duplication of services which is costly and time consuming.

With all of the budget cuts, many people are unable to obtain much needed aid from vocational Rehabilitation. I am grateful that I have had the opportunity to set my goals and pursue them with the assistance of Vocational Rehabilitation. I believe that every disabled individual should have the same opportunity to set goals for themselves and then have the chance to attain them. Vocational Rehabilitation can aid these individuals in this request and will hopefully continue to do so far into the future.

The CHAIRMAN. We appreciate your doing that.

I have a couple of questions for you folks. In S. 1340 the State grant level is being increased by approximately 5.3 percent for 1984, 5.4 percent for 1985, and 5.3 percent for 1986. This is 90 percent of the act's total funding. Since you all have been participants in rehabilitation, what do you feel could be done to utilize these new rehabilitation dollars? What current practices or policies could be changed in current vocational rehabilitation systems which would cut costs or improve services? Shall we start with you, Gary?

Mr. STALEY. OK. Going back to my statement and my testimony, that we need to take individuals and deal with them individually. They all have different aptitudes, abilities, strengths, knowledge, and so forth, and they also have different desires as to what they would like to become. With the narrowing concept that I pointed out in my testimony, where we had to take a look at a shorter-term program where possible, some of these individuals are being undertrained.

I think that these new dollars would allow us once again to move where we can consider the individual on a much fuller-term training program. Really, then, when they complete that program they will be ready for the employment market and will be that independent person we are looking for.

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The CHAIRMAN. OK. Do any of you other panelists care to comment on that?

Ms. HORRAN. I would just like to agree with Gary 100 percent.

The CHAIRMAN. OK. Steve?

Mr. MIKITA. Well, Mr. Chairman, I would support the comments of the other three. I think that the realization of what we as handicapped people can do comes at a basic level of education, and that that education process must begin at an early stage, immediately when the people either incur their injuries through an accident or through birth. Very early on in life they must realize that they do have special capabilities and that they can achieve things; and that there are funds to help relieve their families of the economic burden which their handicap has placed on the shoulders of their family, and that they can be encouraged, that they can live meaningful lives and be independent, as far as their handicaps can allow them, away from their families and contribute to this country's productive efforts.

The CHAIRMAN. OK. As consumers, what do you personally feel about possibly separating vocational rehabilitation from its nonvocational provisions, as our panel 2 here today suggested? I might also ask in regard to that, will this benefit be a disadvantage to the severely handicapped person? Gary, do you want to take that?

Mr. STALEY. OK. I am sure you are very well aware—and I think Mr. Berg points this out—we do have in place a very strong accountability system, but oftentimes we do have to play the numbers games too. We have to show that we are effective in rehabilitating and so forth. Again going back to my original statement, moving people too fast for the system. Maybe we are not benefiting that individual to the extent we really could, had we not been worrying about this type of statistic and trying to move them through the system that fast.

Therefore, I think that yes, accountability is necessary to show and prove the program really works, I think if in some way we could move away from that system, we could be more effective to handicapped groups in general.

The CHAIRMAN. Thank you.

Leslie?

Ms. HORRAN. I am not sure I completely understood that question. Separating the services offered by vocational rehabilitation and——

The CHAIRMAN. From its nonvocational provisions, as suggested by our second panel here today.

Ms. HORRAN. Oh, OK. I got it.

Well, just in my own opinion, I think that they could work really well together. Like I suggested, the skills for those people that maybe don't have as much contact, social contact, I think those kinds of things could be offered kind of in conjunction.

The CHAIRMAN. OK.

Steve, do you have a comment on that?

Mr. MIKITA. Yes, Mr. Chairman.

I think that what is at issue is the effective administration of these programs, the avoidance of duplication of services, and the achievement of reaching as many people as possible. If that can be achieved through separating the services, without affecting to the

detriment of the consumer what services are available, then I would support such separation. However, if it was going to deter and to cause problems with regard to information going out to the handicapped community, then I would support more of a uniform program.

The CHAIRMAN. Well, thank you.

I want to compliment you, Gary, for the great work you are doing down there in the Carbon and Emery County area. We really admire you and appreciate what you are doing.

Leslie, with regard to you, I just can't tell you how self-assured you have been in front of this committee. A lot of people are a little bit worried about testifying before congressional committees. You know, we are looking for a woman President, the first woman President, so keep your political career going, will you? [Laughter.]

The CHAIRMAN. Steve, I am just wondering when you are going to give up the soft life, living here in Utah and working for the attorney general, and get back there and help us in that terrible quagmire we live in back there?

Mr. MIKITA. When you start paying the Federal employees what they deserve. [Laughter.]

The CHAIRMAN. I would say that is a pretty good answer. How much is it? I think Senator Gorton has had a few things to say about that recently. That is all I can say.

I just want to personally thank all three of you for being here, and frankly thank everybody who has participated today. This hearing has been important because, not only is it held here in Utah, in my home State with my people whom I happen to have a great deal of confidence in but as you can see, handicap issues should not be political issues. They have to be bipartisan issues. I really appreciate that.

Some of the great leaders on the handicapped in our Senate, of course, are people like Jennings Randolph, who has been there for 50 years, more than 50 years now. Jennings came in with F.D.R., and he loves F.D.R. to this day. He is one of the great leaders on the handicapped. Lowell Weicker, who is a Republican, you know, just to pick out two; there are many who work very hard, and Lowell is very close to me, even though philosophically we probably differ quite a ways.

We have picked up a lot of things here today. Frankly, Chris and I have been chatting and we think we will make some changes in the bill, based upon the testimony that we received today. Now it is difficult because every Senator has his or her own ideas on what these bills should be, and we may not be able to make some of the changes that you have asked for here today, but I think we could make some changes and I think we might even be able to make some funding changes.

It is tough because of these high deficits, and you know $125 billion of the deficit, really $135 billion of this $179 billion dollar deficit for next year is interest against the national debt, which is around $1.4 trillion. It is a terrible problem to us. However, I would prefer to see other programs that are less efficient and less beneficial have to be cut back and continue to build our handicapped programs up, because I think a lot has been accomplished as a result

of the leadership of people like Senator Randolph through the years, in being willing to make some of these changes.

Little did I know, when I got started fighting the local school boards in Pittsburgh, Pa., on behalf of handicapped people, that I would be in a position some day where I could really help in some of these areas, or that so many changes would have occurred even before I got there that have been so beneficial to the people in our country.

I have been very respectful of all of the witnesses today. I think they have done a tremendous job. I want to thank the chairpersons who have presided and introduced the various panelists. I think it is a tribute to our committee to have such excellent people and leaders in the handicapped community with us to do that today.

This is only one bill, but it is an important bill. We work on all the handicapped issues in the Labor and Human Resources Committee, and I think we need to do more. We need to make the programs that we do have better and we need to continue to oversee these programs, and that is what we are trying to do here today.

Now let me just say that I would like to acknowledge the involvement of my own Advisory Committee on the Handicapped, cochaired by Dr. Marvin Fifield and Dave Gordon. That committee has been very, very helpful to me, and they of course have been helped and aided by so many of you handicapped leaders throughout the State of Utah.

I can tell you my next meeting of that committee is scheduled for July 6 at 10 a.m. in the board of education office. If there are members in the audience who are interested in following the issues that directly affect disabled persons in Utah, or anybody else for that matter, you might want to attend because those meetings are good meetings. I really gain a lot from them, and of course I can say that Utah probably has at this point as much if not more input into the handicapped programs of this country as any State in the Union.

Dave, do you want to say something? I couldn't see you. My peripheral vision wasn't that good.

Mr. GORDON. That is all right. Mine is bad, too. [Laughter.]

STATEMENT OF DAVID K. GORDON, VICE CHAIRMAN, HATCH ADVISORY COMMITTEE ON THE HANDICAPPED

Mr. GORDON. Senator Hatch, as I sat and listened to the testimony by all of the panels I was very impressed. The last panel, I think, or the last group indicated—especially Mr. Staley—that with the reduction of the money and trying to shorten the training opportunities of the handicapped people, it appears to me what it will do is, it will begin to create disincentives for the handicapped to go to rehabilitation. Those of us who may have received disability through SSA or SSI, in that, if we are undertrained we are not able to make as much as we receive through the other programs. Therefore, I think that needs to be very seriously considered.

Another issue that I know is not covered by these particular things but needs to be examined, perhaps, that is in the area of reasonable accommodations which is addressed under section 504. All it says in those regulations is that if an agency or an employer

receives Federal moneys, they must provide reasonable accommodations. Well, they might see a reasonable accommodation as a rail in the bathroom. I would like to suggest that possibly a percentage be attached to that, that *x* percent of Federal moneys must be addressed to reasonable accommodations for the employment of handicapped individuals.

The CHAIRMAN. I might mention that title 5, what you are talking about right here, we are going to address specifically next year.

Mr. GORDON. Great.

The CHAIRMAN. Therefore, we will get into that. I may not be chairman at the end of 1984, but up through the end of 19[illegible] we are going to address these issues, I will tell you.

Mr. GORDON. OK. Another issue that I think is very significant, and I have talked with Chris—but I think it is important as a part of the vocational rehabilitation counselor's work in trying to help people become gainfully employed, even those who are employed through sheltered workshops or who are currently living in institutions—at the present time social security or SSI has increased significantly, in a significant amount, but the personal needs moneys which go toward grooming effects has stayed at $25 for over 10 years. I think we need to look at those issues, too, and what kind of self-esteem does this give to the recipients who are in an institution by no fault of their own.

I appreciate the opportunity, as one of your cochairmen, of working with all of the State's handicapped people and trying to give input to you which you so adeptly have taken to Congress and have made some significant strides.

Thank you.

The CHAIRMAN. Well, thank you, Dave. We appreciate it.

With that, I want to thank everybody who has participated today, all of you who have come to listen. That means that we have had 11 regular witnesses, and we have had 2 additional witnesses in Bessie and in Dave, all of whom have added something to this particular day of hearings. We have made, I think, a very effective record that other members of my committee will be very interested. We will make sure that they become interested in it.

We are grateful to have all of you here. With that, we will recess this committee.

Excuse me. Do you have a comment? If you could, please state your name into the mike there so we can have a record.

STATEMENT OF VAN POTTER, DIRECTOR, MAURICE WARSHAW FOUNDATION FOR EMPLOYMENT OF THE HANDICAPPED—PROJECTS WITH INDUSTRY

Mr. POTTER. Senator Hatch, thank you very much for this opportunity. My name is Van Potter, and I am presently director of the projects with industry program which is presently being funded through the Maurice Warshaw Foundation.

I would like to limit my comments to section 162, regarding section 621, projects with industry, regarding especially the eligibility of designated State units for funding under the act. I believe that the original purpose of this section of the act was to insure the in-

volvement of the private sector in the rehabilitation process. I would prefer that State units were not eligible for this funding.

As a policy matter I think it is important because it causes competition between private and public entities at a time when Federal funds for social programs are drying up. We need the cooperation between these two entities at this time. I believe such competition would erode the involvement of the private sector.

The State presently receives money through title 1 to pursue similar programs. To allow the State additional funding for projects with industry would act as a disincentive for any meaningful cooperation between the private and public sectors. If the State holds all of the responsibility and accountability, there is likely to be very little commitment from the private sector.

The proposed change seems to create a conflict-of-interest situation for State entities: How may a designated State unit enter into agreements with individual employers, designated State units, and other entities? It would seem that the decisionmaking process regarding which entity received the grant could be influenced strongly by those eligible for the grant. The State having some control over awards seems to stack the deck in their favor in receiving these discretionary funds.

To allow the State to receive funding under section 621 might reap short-term benefits. They could expand programs, but only as long as that discretionary money was available. I think the long-term effect would tend to crowd the private sector out of the rehabilitation process and, in so doing, damage the ability of State agencies to meet the vocational needs of their disabled clients.

In summary, I would like to recommend that State units not be eligible to establish jointly financed projects under section 621 of the act. To allow such eligibility destroys the key purpose of projects with industry, that being the private sector involvement in the rehabilitation of the disabled.

The CHAIRMAN. Thank you so much.

We are pleased to have all of these remarks on the record. With that, we will recess this committee until further notice. Thank you all for coming.

[Whereupon, at 3:20 p.m., the committee recessed, to reconvene at the call of the Chair.]